



MEMBER APPLICATION

Name: **Redacted**

Home Phone: **Redacted**

Work Number: **Redacted**

Cell Phone: **Redacted**

Do you have access to the Internet? Yes No

Do you have access to email? Yes No

Email Address: **Redacted**

Home Address: **Redacted**

Are you a: (Please check all that apply)

Person with a developmental disability

Member of an advocacy group

Are you able to do the following: (Please check all that apply)

Attend two-day meetings in Sacramento (4 times a year)

Able to participate in webinars, phone calls (web cam meetings, SKYPE)

Participate in local Self-Advocacy meetings and share information with SSAN

Available to serve a 4-year term as a SSAN Representative

Why do you want to be a SSAN Volunteer Member:

To speak up for Others who have a disability and who don.t know about the services the receive and their rights.

What local advocacy groups or committees to you belong to:

People's Advisory Committee (PAC co-Chair)

Leadership Council member to (LC

How long have you been in an advocacy group or committee? Since 10 years

How much time can you dedicate to SSAN activities and help share information with others:

As long as it takes to get the job done

Are you currently employed by an organization providing service(s) to persons with developmental disabilities?

YES NO If yes please explain:

Do you need any accommodations to participate in a meeting, if so please explain:

Redacted

Do you need a facilitator/helper, if yes please explain how they would help you:

Redacted

Please provide a letter of support from your supporting agency and two references.

I am willing to serve as a SSAN member and have included why I wish to serve as a SSAN Representative:

Signed: **Redacted**

Date: 7/9/2018

Please return completed forms to: David Grady, Manager of SCDD, Central Coast Regional Office. The completed forms will be submitted to SCDD Self-Advocacy Coordinator who will provide to SSAN Officers for application review process.