



## MEMBER APPLICATION

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Number: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Do you have access to the Internet?  Yes  No

Do you have access to email?  Yes  No

Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

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:

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What local advocacy groups or committees to you belong to:

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

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

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

YES       NO If yes please explain:

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

YES       NO

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

YES       NO

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**Please provide a letter of support from your supporting regional office/agency and two references familiar with your advocacy work.**

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

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return completed forms to: 3831 North Freeway Blvd. Suite 125, Sacramento, CA 95834. The completed forms will be submitted to SCDD Self-Advocacy Coordinator who will provide to SSAN Officers for application review process. If you have any questions about the process, please contact the SCDD Self-Advocacy Coordinator at [Riana.Hardin@scdd.ca.gov](mailto:Riana.Hardin@scdd.ca.gov) or by phone at 916-263-8196.**

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**SCDD Self Advocacy Coordinator Only:**

**Application is complete**    **Letter of Support included**    **Two references**  
 **Sent to Regional Manager** \_\_\_\_\_ **Date sent:** \_\_\_\_\_