

Redacted Membership Application

MM-592

Name: REDACTED

Address: REDACTED

County of Residence: **Sacramento**

Email : REDACTED

Phone: REDACTED

Race: Native Hawaiian/Other Pacific Islander

I am a: parent, family member, legal guardian or conservator of a person with a developmental disability

Are you currently employed by, or a member of the governing board of an organization providing services to persons with developmental disabilities?:

No

Are you a member of a nongovernmental agency that does not receive regional center funding?

No

Do you want to serve on the State Council: Yes, I want to apply to serve on the State Council

Do you want to serve on a Regional Advisory Committee:

How did your interest in, or knowledge of, the developmental disability field and service system develop?:

I heavily advocate for my son and other kids on the spectrum.

What are your areas of interest in the developmental disability field and service system?:

Advocate

Please explain why you wish to serve on the State Council on Developmental Disabilities, or on one of its Regional Advisory Committees:

I want there to be change for the better for people with developmental disabilities.

What strengths would you bring to the State Council and/or Regional Advisory Committee?:

I'm driven and extremely passionate for the equal rights and well being for persons with disabilities.