

## Redacted Membership Application

**MM-669**

Name: REDACTED

Address: REDACTED

County of Residence: **Orange**

Email : REDACTED

Phone: REDACTED

Race: African- American

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:** Yes, I want to apply to serve on the Regional Advisory Committee

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

My amazing son is finally a RCOC client again

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

Adult transition services specifically social, employment and housing opportunities

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

I'd like to offer a new perspective and ideas on issues relevant to individuals and families of individuals with special needs.

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

My background involves significant experience in having and facilitating conversation with a diverse group of individuals.