

Redacted Membership Application

MM-672

Name: REDACTED

Address: REDACTED

County of Residence: **Orange**

Email : REDACTED

Phone: REDACTED

Race: White

I am 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:

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?:

I have Cerebral Palsy.

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

Being a voice for the voiceless fuels my desire and will to help others. My primary areas of interest include but are not limited to: advocating for inclusion, policy advocacy, and developing ideas and strategies for developmentally disabled people to thrive by living their best life with dignity.

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

I previously served on the SCDD Orange County RAC and their former Area Board 11 Board of Directors for 7 years.(7/24/2012 to 5/06/2019) It was one of the most cherished and purposeful times of my life.

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

All people matter to me. My compassion and empathy for others are my greatest strengths.

