

Redacted Membership Application

MM-733

Name: REDACTED

Address: REDACTED

County of Residence: **Los Angeles County**

Email : REDACTED

Phone: REDACTED

Race: American Indian/Native Alaskan, Hispanic or Latino

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

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

Yes

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?:

email

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

Equity, Representation, Inclusion, Accessibility, and Diversity

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

I wish to serve on the State Council on Development Disabilities in order to help advance and uplift highly impacted and historically marginalized and disenfranchised equity seeking communities.

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

I have over 30 years of direct disability rights advocacy. I have served on county, state, and national disability rights boards and commissions. I also have a long track record of community organizing,

communications, policy, and leveraging my lived experience to advance disability justice for all people with disabilities.