



MEMBER APPLICATION

Date:

Home Phone:

Name:

Cell Phone:

Work Number:

Do you have access to the Internet? Yes No

Age Range: 18-30 30-60 60 and over

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 held in Sacramento or on Zoom (4 times a year)

☐ Able to participate in webinars, phone calls (using Zoom or other web based software)

☐ Participate in local Self-Advocacy meetings and share information with SSAN Available

☐ to serve at least one 4-year term as a SSAN Representative

Why do you want to be a SSAN Volunteer Member?

What local advocacy groups or committees to you belong to?

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

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

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

YES

NO

If yes please explain:

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

YES

NO

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

YES

NO

Please provide two references who are familiar with your advocacy work.

1. Reference 1:

Name:

Relationship to You:

Reference 1 Phone:

Reference 1 E-MAIL:

2. Reference 2:

Name:

Relationship to You:

Reference 2 Phone:

Reference 2 E-MAIL:

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 or by phone at 916-263-8196.

SCDD Self Advocacy Coordinator Only:

Application is complete

Two references

Sent to Regional Manager

Date sent: _____