Redacted Membership Application

MM-947

Name: REDACTED

Address: REDACTED

County of Residence: **San Bernardino (Inyo, Mono, Riverside, San Bernardino)**

Email : REDACTED Phone: REDACTED

Race: Asian, Hispanic or Latino Gender: Male

What intellectual & developmental disabilities do you have experience with?: Intellectual Disability, Epilepsy, Cerebral Palsy

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?:
Vice Chair of both the Statewide self Advocacy Network & Regional Advisory Committee

Do you want to serve on the State Council or Regional Advisory Committee?:
I want to apply to serve on the State Council

How did your interest in, or knowledge of, the developmental disability field and service system develop?:
I started teaching Emergency Preparedness for State Council Developmental Disability during Covid 19 virtually with my experience in volunteering for the local disaster Preparedness Agency Known as CERT for 13 years along with my 15 years of volunteering in the citizens patrol for PD

What are your areas of interest in the developmental disability field and service system?:
Teaching Emergency Preparedness Advocacy and leadership

Please explain why you wish to serve on the State Council on Developmental Disabilities, or on one of its Regional Advisory Committees:
I'm a firm believer in Teaching Emergency Preparedness Advocacy, giving back to communities, also would like to continue to open doors for future advocates

What strengths would you bring to the State Council and/or Regional Advisory Committee?:
Teaching Emergency Preparedness Advocacy and Leadership skills