

STATE OF OKLAHOMA
DEPARTMENT OF HUMAN SERVICES
DEVELOPMENTAL DISABILITIES COUNCIL

APPLICATION TO SERVE

Return this form to the Oklahoma Developmental Disabilities Council (ODDC), P.O. Box 25352, Oklahoma City, OK 73125, telephone 405-521-4984, FAX 405-521-4910. All applications are reviewed by ODDC and forwarded as needed to the Office of the Governor.

BIOGRAPHICAL INFORMATION.

Personal information				
Name	Last	First	Middle	
Home address	Street, Apt.	City	State	Zip
Home telephone number ()		E-mail address		
Business address	Street, Suite	City	State	Zip
Work telephone number ()	Fax number ()	Check one <input type="checkbox"/> Work <input type="checkbox"/> Home		

Educational background				
High School	Name	City	State	Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> GED
College/University	Name	City	State	Academic degree
Other educational, vocational schools, or internships				
Other credentials, licenses or certifications				

Work experience			
Employer	Job title	Start date	End date

Other
Organizational affiliation (volunteer/professional)
Special recognitions or honors

Declaration and assurances

Please check the category that applies to you.

- I am a person with a developmental disability as defined in Public Law 106-402.
- I am a parent, immediate relative, or guardian of a person with a developmental disability.
- I am a parent, immediate relative, or guardian of a person with a developmental disability.
- I am a parent, immediate relative, or guardian of a person with a developmental disability who is institutionalized or has been previously institutionalized.
- Other: Please specify: _____

Please read and sign the assurance noted below.

Yes No I understand that if appointed to the Council I will be expected to attend quarterly meetings of the Council, an annual Council retreat, and committee meetings as assigned by the Council Chair.

Yes No I am an employee of a State agency which receives funds or provides services under the State Plan for provision of services for persons with developmental disabilities.

If yes, name agency: _____

Yes No I am an owner, a person with a controlling interest, or a managing employee* of any entity receiving funds or providing services under the State Plan for provision of services for persons with developmental disabilities.

If yes, name entity: _____

* The terms owner or person with controlling interest and managing employees are defined in Sections 1124 (a)(3) and 1126 (b), respectively, of the Social Security Act.

Signature of prospective member

Date of completion

Demographic information - optional

Date of birth: _____ Sex: Male Female

Ethnic group:

- White (non-Hispanic)
- Black (non-Hispanic)
- Hispanic (Mexican, Puerto Rican, Cuban, Central or South American, other)
- Asian (including Pacific Islander)
- Native American/American Indian (including Alaskan native)

Political party affiliation:

Democrat Republican Independent Other _____