

REQUEST FOR CONSIDERATION FOR APPOINTMENT TO THE NEW MEXICO DEVELOPMENTAL DISABILITIES PLANNING COUNCIL

NAME		MAILING ADDRESS	
CITY	COUNTY	STATE	ZIP CODE
HOME PHONE	WORK PHONE	FAX	E-MAIL ADDRESS
ARE YOU A US CITIZEN? <input type="checkbox"/> Yes <input type="checkbox"/> No	ARE YOU: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> HISPANIC <input type="checkbox"/> CAUCASIAN	<input type="checkbox"/> NATIVE AMERICAN <input type="checkbox"/> ASIAN
		<input type="checkbox"/> AFRICAN AMERICAN <input type="checkbox"/> OTHER _____	
EMPLOYER:		MAILING ADDRESS	
CITY	COUNTY	STATE	ZIP
EDUCATIONAL HISTORY (INSTITUTION):		DEGREE EARNED:	YEAR DEGREE EARNED:
MAJOR STUDIES		HONORS/AWARDS	
ADDITIONAL EDUCATIONAL HISTORY:		DEGREE EARNED:	YEAR DEGREE EARNED:
MAJOR STUDIES		HONORS/AWARDS	
<input type="checkbox"/> RESUME IS ATTACHED (required)		<input type="checkbox"/> HISPANIC <input type="checkbox"/> CAUCASIAN	<input type="checkbox"/> NATIVE AMERICAN <input type="checkbox"/> ASIAN
		<input type="checkbox"/> AFRICAN AMERICAN <input type="checkbox"/> OTHER	
1.	APPOINTMENT HISTORY: <input type="checkbox"/> FIRST TIME APPOINTMENT <input type="checkbox"/> REAPPOINTMENT		
2.	REPRESENTATION: <input type="checkbox"/> Person With A Developmental Disability <input type="checkbox"/> A Parent Of A Child With A Developmental Disability <input type="checkbox"/> A Parent/Guardian/Immediate Relative of An Adult With A Developmental Disability <input type="checkbox"/> Relative, Parent, Or Guardian of a Person with a Developmental Disability who lived in an Institution <input type="checkbox"/> Protection and Advocacy Organization Representative <input type="checkbox"/> University Center for Excellence <input type="checkbox"/> Higher Education Representative <input type="checkbox"/> State Agency Representative <input type="checkbox"/> Other (please list) _____		
3.	IF YOU ARE A PERSON WITH A DEVELOPMENTAL DISABILITY, PLEASE DESCRIBE YOUR DISABILITY.		

4.	IF YOU ARE A PARENT/GUARDIAN OF A CHILD/CHILDREN OR ADULT(S) WITH A DEVELOPMENTAL DISABILITY, PLEASE LIST AGE(S) AND DISABILITY:
5.	IF YOU ARE REPRESENTING AN AGENCY/ORGANIZATION, PLEASE STATE THE NAME OF THE ORGANIZATION OR AGENCY YOU ARE REPRESENTING:
6.	WHY DO YOU WANT TO BE ON THE COUNCIL?
7.	WHAT ARE YOUR SPECIFIC CONCERNS/INTERESTS IN DISABILITY ISSUES?

8.	WHAT STRENGTHS DO YOU BRING TO THE COUNCIL?
9.	WHAT IDEAS DO YOU HAVE FOR IMPROVING THE LIVES OF NEW MEXICANS WITH DEVELOPMENTAL DISABILITIES AND THEIR FAMILIES?
10.	<p>CAN YOU COMMIT TO AT LEAST SIX DAY-LONG MEETINGS PER YEAR?</p> <p><input type="checkbox"/> Yes – Advance dates and locations are necessary to schedule other dates around them</p> <p><input type="checkbox"/> Maybe – Advance dates and locations are necessary, however, other obligations may take precedence</p> <p><input type="checkbox"/> No – If No Please Comment:</p>
11.	<p>IDEALLY, COUNCIL MEMBERS SHOULD BE INVOLVED WITH MULTIPLE PROJECT AREAS/ACTIVITIES BUT IT IS NOT A REQUIREMENT. HOW INVOLVED DO YOU WANT TO BE WITH COUNCIL ISSUES?</p> <p><input type="checkbox"/> Extremely involved -- High level of participation, contact at regular intervals, available above and beyond regular council meetings</p> <p><input type="checkbox"/> Somewhat involved -- I would be available for Council meetings but my time outside of those meetings is limited</p> <p><input type="checkbox"/> Limited Involvement -- My involvement would be limited to Council Meetings</p>
12.	<p>COUNCIL MEMBERS ARE EXPECTED TO CONTRIBUTE TO ALL COUNCIL MEETING DISCUSSIONS. IN MANY CIRCUMSTANCES, COUNCIL MEMBERS ARE EXPECTED TO PRESENT INFORMATION TO OTHER COUNCIL MEMBERS, COUNCIL STAFF, VISITORS AND OTHERS. WHAT IS YOUR LEVEL OF COMFORT IN SPEAKING BEFORE GROUPS AND MEETING THESE EXPECTATIONS?</p> <p><input type="checkbox"/> I enjoy group participation and making presentations before groups.</p> <p><input type="checkbox"/> I enjoy group participation and would like to experience presentations before groups.</p> <p><input type="checkbox"/> I am comfortable participating in groups but prefer not to make presentations.</p> <p><input type="checkbox"/> I like small work groups but not giving presentations.</p> <p><input type="checkbox"/> I feel very uncomfortable expressing my opinion to others.</p>

13.	<p>AS A COUNCIL MEMBER YOU WILL BE EXPECTED TO CALL WRITE AND MEET WITH STATE SENATORS AND REPRESENTATIVES (UNLESS YOU ARE A STATE AGENCY REPRESENTATIVE). YOU WILL RECEIVE TRAINING, LISTING OF YOUR LEGISLATORS FOR YOUR DISTRICT, FACT SHEETS AND BE PARTNERED WITH ANOTHER COUNCIL MEMBER FROM THE SAME DISTRICT OR STAFF MEMBER. CAN YOU MEET THIS EXPECTATION?</p> <p>I am comfortable and experienced I am inexperienced but willing to learn I am uncomfortable with this activity</p> <p>Call <input type="checkbox"/> Call <input type="checkbox"/> Call <input type="checkbox"/></p> <p>Write <input type="checkbox"/> Write <input type="checkbox"/> Write <input type="checkbox"/></p> <p>Meet with <input type="checkbox"/> Meet with <input type="checkbox"/> Meet with <input type="checkbox"/></p>
14.	<p>ARE THERE ANY ACCOMMODATIONS YOU WILL NEED TO PARTICIPATE AS A COUNCIL MEMBER? IF YES, DESCRIBE ACCOMMODATIONS NEEDED (accessible transportation/room, personal care provider, interpreter, facilitator, special dietary requirements, etc).</p>
15.	<p>PLEASE LIST ANY INVOLVEMENT YOU HAVE OR HAVE HAD WITH COMMUNITY ORGANIZATIONS, DISABILITY ORGANIZATIONS OR OTHER TYPES OF EXPERIENCE YOU HAVE OR HAVE HAD IN ADVOCATING FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES (Membership in other organizations is NOT a requirement).</p>
16.	<p>HOW DID YOU LEARN ABOUT THE NEW MEXICO DEVELOPMENTAL DISABILITIES PLANNING COUNCIL?</p>

17. PLEASE PROVIDE ANY ADDITIONAL INFORMATION THAT YOU FEEL WOULD BE HELPFUL IN THE SELECTION PROCESS.

SIGNATURE

DATE