Stone County Developmental Disability Board

BOARD MEMBER APPLICATION

Name:_____Date:_____

Address:_____
street town state zip

Telephone: Home (____)_____ Work (____)_____

Email Addresses: (Home)_____ (Work)_____

Occupation (TITLE & DESCRIP.):_____

Business Address:_____
street town state zip

Other Affiliations/Board Service:_____
_____

Do you have a family member with a Developmental Disability? _____
If so, what is your relationship? _____

Why are you seeking appointment to the Stone County Developmental Disability Board?
Attach Additional page(s) if needed.

_____
_____
_____
_____
_____

Give a brief description of your education, experiences, and/or any other special skills or qualities that will help the Commissioner in its selection of Stone County SB40 Board members. Attach additional page(s) if needed.

_____
_____
_____
_____
_____
_____

I have been made aware of the responsibilities of members of the Stone County Developmental Disability Board, and am willing to make a commitment to the Board as a member.

SIGNATURE:_____ DATE:_____

September 24, 2017