



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

