



Stone County Developmental Disability Board
BOARD MEMBER APPLICATION

Name: _____ Date: _____

Address: _____ Home/Cell Phone: _____

City, State, Zip: _____ Work Phone: _____

Email Address: _____

Employer: _____

Occupation (title and description): _____

Business Address: _____

City, State, Zip: _____

Other Affiliations/Board Service: _____

Do you have a family member with a developmental disability? Yes No

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 in the selection process. Attach additional page(s) if needed.

Give 3 personal and/or professional character references:

Name: _____ Relationship: _____

Phone Number: _____

Address: _____ City, State, Zip: _____

Name: _____ Relationship: _____

Phone Number: _____

Address: _____ City, State, Zip: _____

Name: _____ Relationship: _____

Phone Number: _____

Address: _____ City, State, Zip: _____

I understand that:

- I will need to authorize a background check to be appointed to the SCDDDB Board (covers felony and abuse and neglect charges).
- I must attend 75% of monthly board meetings/special called meetings, and 100% of committee and mandatory meetings (i.e. strategic planning).
- I will be required to disclose any conflicts/potential conflicts of interest on an annual basis.
- I must follow all by-laws and governance policies set forth by the Board.

Signature: _____

Date: _____

Return via email to LaDella Thomas at Lthomas@stoneddbboard.com.