

Redacted Membership Application

MM-604

Name: REDACTED

Address: REDACTED

County of Residence: **Yolo**

Email : REDACTED

Phone: REDACTED

Race: White

I am a: person with a developmental disability, representative of the general public

Are you currently employed by, or a member of the governing board of an organization providing services to persons with developmental disabilities?:

No

Are you a member of a nongovernmental agency that does not receive regional center funding?

No

Do you want to serve on the State Council:

Do you want to serve on a Regional Advisory Committee: Yes, I want to apply to serve on the Regional Advisory Committee

How did your interest in, or knowledge of, the developmental disability field and service system develop?:

I am a self-advocate, and I have always wanted to speak out about issues. I feel lucky to be where I am now, and I want to help others advocate for themselves.

What are your areas of interest in the developmental disability field and service system?:

I would like to increase awareness and education. I am also interested in advocacy.

Please explain why you wish to serve on the State Council on Developmental Disabilities, or on one of its Regional Advisory Committees:

I would like to represent Yolo county as a self advocate. The State Council would be a good place to bring up the needs of the community, such as wheelchair access.

What strengths would you bring to the State Council and/or Regional Advisory Committee?:

As a person with a disability, I am part of the community. I can advocate for myself and others. I am good at communication.

