



**OKLAHOMA DEPARTMENT OF HUMAN SERVICES**

Developmental Disabilities Council



**Application to Serve**

Return this form to the Oklahoma Developmental Disabilities Council (ODDC), 2401 N.W. 23rd Street, Suite 74, OKC 73107, telephone 405-521-4984, FAX 405-521-4910. All applications are reviewed by ODDC and forwarded as needed to the Office of the Governor.

**Biographical information.**

**Personal information**

Last name		First		Middle	
Home street, Apt. address		City		State	Zip
Area code	Phone number		E-mail address		
Business street address		Suite	City		State Zip
Area code	Work phone number		Area code	Fax number	Check one Work <input type="checkbox"/> Home <input type="checkbox"/>

**Educational background**

High school name		City	Graduate? Yes <input type="checkbox"/> No <input type="checkbox"/> GED <input type="checkbox"/>
College/university name		City	Academic degree
Other educational, vocational schools, or internships			
Other credentials, licenses, or certifications			

**Work experience**

Employer	Job title	Start date	End date

**Other**

Organizational affiliation (volunteer/professional)
Special recognitions or honors

**Declaration and assurances**

Please check the category that applies to you.

- I am a person with a developmental disability as defined in Public Law 106-402.
- I am a parent, immediate relative, or guardian of a person with a developmental disability.
- I am a parent, immediate relative, or guardian of a person with a developmental disability who is institutionalized or has been previously institutionalized.
- Other:  Please specify: \_\_\_\_\_

Please read and sign the assurance noted below.

- I understand that if appointed to the Council I will be expected to attend quarterly meetings of the Council, an annual Council retreat, and committee meetings as assigned by the Council Chair. Yes  No
- I am an employee of a State agency which receives funds or provides services under the State Plan for provision of services for persons with developmental disabilities. Yes  No   
If yes, name of agency: \_\_\_\_\_
- I am an owner, a person with a controlling interest, or a managing employee<sup>1</sup> of any entity receiving funds or providing services under the State Plan for provision of services for persons with developmental disabilities. Yes  No   
If yes, name of entity: \_\_\_\_\_

---

Signature of prospective member

---

Date of completion

<sup>1</sup> The terms owner or person with controlling interest and managing employee are defined in Sections 1124(a)(3) and 1126(b), respectively, of the Social Security Act.

**Demographic information - optional**

Date of birth: \_\_\_\_\_ Sex: Male  Female

**Ethnic group:**

- White (non-Hispanic)
- Black (non-Hispanic)
- Hispanic (Mexican, Puerto Rican, Cuban, Central or South American, other)
- Asian (including Pacific Islander)
- Native American/American Indian (including Alaskan native)

**Political party affiliation:**

Democrat  Republican  Independent  Other  \_\_\_\_\_

