

APPLICATION PROCESS FOR GOVERNOR'S APPOINTMENT TO THE OHIO DEVELOPMENTAL DISABILITIES COUNCIL

Application Requirements:

Applicants for appointment to the Ohio Developmental Disabilities Council must complete and return the following to Council office:

1. Application for Governor's Appointment to the Ohio Developmental Disabilities Council
2. Boards and Commissions Application found:
https://governor.ohio.gov/wps/wcm/connect/gov/6c7c65b8-8964-4c17-8ea3-22546e505faa/OhioBoardsCommissionsApplication.pdf?MOD=AJPERES&CONVERT_TO=url&CACHEID=ROOTWORKSPACE.Z18_M1HGGIK0N0JO00QO9DDDDM3000-6c7c65b8-8964-4c17-8ea3-22546e505faa-mzfML-v
3. Resume
4. Two letters of recommendation, (An email submission may be accepted as long as a hard copy is sent in soon after). Email submissions should be sent to carla.cox@dodd.ohio.gov

Applicants selected for recommendation will be required to complete the state of Ohio "State Boards and Commissions Application and Questionnaire" which is enclosed.

Applicants Must Meet One of the Requirements for Council Member Representation as Specified by The DD Act:

Members appointed by the Governor must meet the requirements of one of the following categories:

1. An individual with a developmental disability.
2. Parent or guardian of a child with a developmental disability.
3. An immediate relative or guardian of an adult with a mentally impairing developmental disability who cannot advocate for himself/herself.
4. An immediate relative or guardian of an institutionalized or previously institutionalized individual with a developmental disability or an individual with a developmental disability who resides or previously resided in an institution.
5. A representative of a local and non-governmental agency concerned with services for individuals with developmental disabilities.
6. A representative of a private non-profit group concerned with services for individuals with developmental disabilities.

Process Following Submission of Application

1. The Nominating Committee of Council will review information submitted by all applicants.
2. Those applicants who meet membership requirements and may fill Council needs in terms of geographic diversity, ethnic and cultural diversity, representation of rural and urban areas, and so forth, will be invited to attend a group Interview Meeting with the Nominating Committee in August. Those applicants selected by Nominating Committee and Council will be submitted to the governor.
3. Those individuals appointed by the governor will be notified of their appointment by the governor's office.

Submission of Application:

All materials should be mailed to:
Nominating Committee
Ohio Developmental Disabilities Council
899 East Broad Street, Suite 203
Columbus, Ohio 43205

URBAN

RURAL

SUBURBAN

DATE OF BIRTH: _____

MARITAL STATUS: MARRIED

SINGLE

CHILDREN: YES

NO

EDUCATION: (Mark all that apply)

High School

Post-Secondary

Other

EMPLOYMENT INFORMATION: (list present job, most previous job, title, and dates worked)

EMPLOYED: YES NO (Please Specify)

ORGANIZATIONAL/VOLUNTEER MEMBERSHIPS: (list organizations, especially those in DD field, role, or title and dates served)

POLITICAL AFFILIATION: (necessary in order to document bipartisan membership)

DEMOCRAT

REPUBLICAN

INDEPENDENT

UNAFFILIATED

COUNCIL MEMBER REPRESENTATIVE CATEGORIES

Please consider me for a position as a (please check appropriate category below):

1. _____ Person with a developmental disability.

I meet this requirement because (please describe your developmental disability and when it began):

2. _____ Parent or guardian of a child with a developmental disability.

I meet this requirement because my child has a developmental disability. Please state your relationship to the person with a developmental disability and describe his or her disability and when it began.

3. _____ Immediate relative or guardian of an adult with a mentally impairing developmental disability who cannot advocate for himself/herself.

I meet this requirement because my relative has a mentally impairing developmental disability. Please state your relationship to the person with a mentally impairing developmental disability and describe his or her disability and when it began:

4. _____ An immediate relative or guardian of an institutionalized or previously institutionalized individual with a developmental disability or an individual with a developmental disability who resides or previously resided in an institution. Please complete section a or section b.

_____ a. I meet this requirement because I am the immediate relative or guardian of an institutionalized individual with a developmental disability. Please explain: a) your relationship to the individual; b) his or her disability and when it began; c) whether the individual lives in an institution or previously lived in an institution, and d) the name of the institution.

_____ b. I meet this requirement because I am an individual with a developmental disability who resides in or previously resided in an institution. Please explain: a) your disability and when it began; b) whether you live in an institution now or lived in one in the past; c) the names of the institution; and d) if you no longer live in an institution, how long ago you moved.

5. _____ Representative from a private agency serving persons with developmental disabilities.
Name and address of private agency: _____

Types of services: _____

6. _____ Representative from a private nonprofit organization concerned with services for persons with developmental disabilities.

Name and address of organization: _____

How is the organization concerned with services for persons with developmental disabilities?

NOMINEE STATEMENT

I want to be considered for appointment to the Ohio Developmental Disabilities Council because:

LETTERS OF RECOMMENDATION

Please submit two (2) letters of recommendation. List below the names of the two individuals who will be sending the letters.

- 1) _____
- 2) _____

RESUME

Please send resume in addition to this application form.

Please return this application form and other requested material to the following address:

Nominating Committee
Ohio Developmental Disabilities Council
899 East Broad Street, Suite 203
Columbus, Ohio 43205

EQUAL APPOINTMENT OPPORTUNITY INFORMATION

The Ohio Developmental Disabilities Council requests that you supply the information below in order to assist our efforts in regard to appointment. Your response is **VOLUNTARY** and will not in any way affect the processing of your application. This sheet will be processed separately and will not become part of your application. **IT WILL BE USED FOR STATISTICAL PURPOSES ONLY.**

NAME:

First, Middle Initial, and Last

RACE/ETHNIC GROUP:

- WHITE
- BLACK or AFRICAN AMERICAN
- HISPANIC
- AMERICAN INDIAN/ALASKAN NATIVE
- ASIAN/PACIFIC ISLANDER
- OTHER

SEX

- Male
- Female

How did you find out about the vacancy(ies) you are applying for?
