Georgia Participant Direction Advisory Group (GAPD)

Membership Application

*Submission Deadline: July 15, 2018*

Full Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home/Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your interest in serving on the Georgia Participant Direction Advisory Council (GAPD)?

Would be available to be present at all meetings in Macon (February, May, August & November)? *(Circle One)* Yes No

Would you be available to participate via conference call or in person for workgroups and meetings where there is a need for representation by the GAPD? *(Circle One)* Yes No

What positions are you applying to fill? *(Check all that apply)*

\_\_\_\_ Family Member

\_\_\_\_ Advocacy Organization

\_\_\_\_ Self Advocate

\_\_\_\_ Representative

Region Represented:

\_\_\_\_ Region 1

\_\_\_\_ Region 2

\_\_\_\_ Region 3

\_\_\_\_ Region 4

\_\_\_\_ Region5

\_\_\_\_ Region6

\_\_\_\_ Statewide

Please provide a brief summary of your contribution in the field of Developmental Disabilities.

Please list any Boards, Commissions or other organizations to which you currently belong, as well as offices held.

Please list any circumstances that may restrict your availability to serve:

\_\_\_*Check here if not applicable.*

Briefly describe one priority for the Participant Direction programs that you think needs to be addressed and how?

Please feel free to provide us with any additional information you believe would assist us in our selection process. Use additional sheets if necessary.

*I acknowledge that I have read and understand the Guidelines for the Georgia Participant Direction Advisory Group. I certify that all information contained on the application is true and complete to the best of my knowledge. I understand any misrepresentations or falsifications may result in removal from the Group.*

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Send completed application to:*

Tammy Watkins,

2 Peachtree St., 22nd Floor,
Atlanta, GA 30303

tammy.watkins@dbhdd,ga,gov