

Application for Membership to the Protection and Advocacy for Individuals with  
Developmental Disabilities (PADD) Advisory Board

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

COUNTY \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

SELF-IDENTIFYING GENDER (optional) \_\_\_\_\_ Female \_\_\_\_\_ Male

SELF-IDENTIFYING RACE (optional)

\_\_\_\_\_ Alaskan Native

\_\_\_\_\_ American Indian

\_\_\_\_\_ Asian

\_\_\_\_\_ African American

\_\_\_\_\_ Hispanic/Latino

\_\_\_\_\_ Pacific Islander

\_\_\_\_\_ White

\_\_\_\_\_ Other

PHONE: (home) ( ) \_\_\_\_\_ (work) ( ) \_\_\_\_\_

OCCUPATION \_\_\_\_\_

EMPLOYER \_\_\_\_\_

I am: person with developmental disability \_\_\_\_\_

parent/guardian or other family member \_\_\_\_\_

What experience have you had professionally and/or personally with individuals who have developmental disabilities?

What are the important issues related to persons with developmental disabilities in Kentucky?

Why are you interested in serving on the PADD Board?

What is your position on living in the least restrictive environment?

Do you have enough time to serve on the PADD Advisory Board?  
Can you take leave from work to attend quarterly meetings?

Will you be able to provide your own personal attendant (if you need one) with reimbursement by Protection and Advocacy?

Will you be able to provide your own transportation with reimbursement by Protection and Advocacy for mileage?

Are you serving on any other Advisory or policy-making Boards?  
LIST

Are you associated by employment or financial investment with any public or private agency that provides services to individuals who have developmental disabilities?  
EXPLAIN

Please include names, addresses and phone numbers of two (2) personal references.

PLEASE RETURN to:

Camille Collins  
PADD Program Coordinator  
Kentucky Protection and Advocacy Division  
#5 Mill Creek Pk.  
Frankfort, KY 40601