

DISABILITY RIGHTS NEW YORK PADD ADVISORY COUNCIL MEMBER APPLICATION

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-mail: _____

Home Phone: _____ Cell Phone: _____

Occupation: _____ Employer: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Please answer all of the following questions. You may attach additional pages if you need more room for answers. Please include a copy of your resume with this application.

Disability Rights New York's Board values diversity. In order to assist the Board in selecting diverse Advisory Council members, please identify which of the following group(s) you belong to:

- Intellectual Disability
- Developmental Disability
- Other Disability: (please specify): _____
- Family member, guardian, advocate or authorized representative of an individual with a disabilities
- African American
- Asian/Pacific Islander
- Native Hawaiian or other Pacific Islander
- Hispanic/Latino
- Alaskan Native
- Native American
- White
- Multiracial
- Gay, Lesbian, Bisexual or Transgender
- Decline to state

For the areas you checked above, please explain.

What is your interest in and motivation for serving as a DRNY PADD Advisory Council member?

Would you be interested in being considered for the position of PADD Advisory Council Chair by DRNY Board of Directors?

Are you serving on any other Advisory or policy-making Boards? (if so, please list)

Are you associated by employment or financial investment with any public or private agency that provides services to individuals who have developmental disabilities? (if so, please explain)

Please identify your knowledge of the issues affecting persons with disabilities in these areas:

- Intellectual Disability
- Developmental Disability
- Learning Disability
- Sensory Disability
- Physical Disability
- Other Disability: (please specify): _____

For the areas you checked above, please explain.

Describe your experience in community organizations, including service on boards or advisory committees. Please identify all organizations.

Discuss your experience and/or knowledge, if any, of working with racially, ethnically or geographically underserved disability communities.

Describe your experience advocating for people with disabilities.

Discuss your leadership or policy development experience.

Are you a member of other disability or civil rights organizations? If so, please identify those groups below.

Are you available and willing to participate in quarterly PADD Advisory Council meetings which may be held in Albany, New York City and Western New York (Buffalo/Rochester)? *(Please note that PADD Advisory Council members must participate in all council meetings and that there may be additional time commitments for meetings and other activities. DRNY will provide travel reimbursement accordance to DRNY board policies.)*

I live in the following area:

- Western New York
- Central New York
- Capital District
- Hudson Valley
- New York City
- Long Island

North Country

Please provide any other information that you feel would be helpful to DRNY Board in making its determination.

I affirm that the above information is true and accurate.

DATE: _____

SIGNATURE: _____

PLEASE RETURN TO:

**JENNIFER MONTHIE
PADD DIRECTOR
DISABILITY RIGHTS NEW YORK
725 BROADWAY, SUITE 450
ALBANY, NEW YORK 12207
(518) 432 -7861
(518) 427-6561 (FAX)**