

**Application for Prospective Board Appointment to
Lawrence County Developmental Disabilities**

Name: _____

Address: _____

Phone Numbers: _____

Best time to call me: _____

If you (the applicant) receive services from LCDD are you over the age of 21: Yes ___ No___

Age of individual you are representing: _____

Please answer the following questions with a YES or NO:

_____ I understand that a DD board member serves with no compensation for anything but reimbursement of actual out of town travel expenses and training fees.

_____ I understand that a DD board member is expected to attend at least 10 monthly meetings per calendar year.

_____ I understand that a DD board member is required to participate a minimum of four hours of training per calendar year.

_____ I understand that DD board member terms are typically for four years and that a member may be asked to serve as many as three consecutive terms equaling 12 consecutive years. The current opening is to complete an unexpired term.

Signature: _____ Date: _____

Please answer the following questions to the best of your ability:

1. It is preferred that members of DD Boards have some knowledge in the field of developmental disabilities or an allied field. Please explain how you acquired any applicable knowledge or experience.

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2. Please expound on any experience or professional training you may have in the fields of business management, finance, law, health care practice, personnel administration or government service.

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3. Why do you think you are the best candidate for appointment?

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4. What would you like to see the County Board accomplish in the next year?

Thank you for your interest in the
Lawrence County Developmental Disabilities.