CT Department of Social Services

Connecticut Council for Persons with Disabilities
Application for Membership

General Information

Name: _____

Mailing Address: _____

_____

Telephone Number (including area code): _____

Email Address: _____ Fax Number: _____

Employer (if applicable): _____

_____

What is your interest in people with disabilities and disability issues?
Please check all that apply

_____ I have a disability myself

_____ I am a family member of someone with a disability

_____ I provide support to people with disabilities

_____ My agency provides services to people with disabilities

_____ Other (please describe): _____

Are you an employer of personal assistants? Yes No

The Council needs to represent diverse perspectives. To help us achieve this goal, please provide the information below by circling all that apply.

Sex: Male Female

Ethnicity:

African African-American Asian Caribbean

Caucasian Hawaiian Latino/ Hispanic Native American

Pacific Islander Other (please describe**):** _____

Can you make a commitment to being active on the Council
(attending six meetings a year, possibly holding office)? Yes No

Would you be willing to be active on a subcommittee as well? Yes No

General Experience

Have you served or are you now serving on any boards, committees, or task forces? Yes No

If yes, please list these groups below, and describe your involvement

Organization Responsibilities

1. _____
2. _____
3. _____

Disability-Related Experience

Please list advocacy you have done as a person with a disability or working with people with disabilities

_____

_____

What do you consider the most important issue(s) facing people with disabilities?

_____

_____

Why do you want to become a member of the Connecticut Council for Persons with Disabilities?

_____

_____

Date application submitted: _____

Send completed applications to: State of Connecticut, Department of Social Services, Division of Social Work Services, 25 Sigourney Street, Hartford, CT 06106

Attention: Pamela M. Adams