**Georgia Participant-Direction Group**

**MEMBERSHIP APPLICATION**

***Deadline for Applications: September 30, 2022***

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| Full Name: | | |
| Address: | | |
| City: | State: | Zip: |
|  |  |  |
| Email: | | |
| Home/Cell Phone: | | |
| **What is your interest in serving on the Georgia Participant-Directed Group (GAPD)?** | | |
| **Would you be available to participate in GAPD meetings in February, May, August & November?**  Yes No (Circle One) | | |
| **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?**  Yes No (Circle One) | | |
| **What position are you applying to fill?**  Representative Self-Advocate | | |
| **In which DBHDD Region do you reside?**    Region 1 Region 2  Region 3 Region 4  Region 5 Region 6 | | |

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| **Please provide a brief summary of your contributions 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, if any, that may restrict your availability to serve:**  **[ ] Check Here If Not Applicable** |
| **Briefly describe one priority for the Participant-Direction program 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-Directed Group (GAPD). I certify that all information contained on this 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: participant.direction@dbhdd.ga.gov |