SDAC LEADERSHIP TEAM APPLICATION Deadline – April 3, 2017

(please print clearly, thanks!)

Name:Complete Mailing Address:			
Email:			
	Why do you want to be on the Leadership Team? What would be goals you want to accomplish?		
2.	What proven strengths can you bring to the Leadership Team?		
3.	Can you commit to attending meetings and activities of the SDAC Team? Able to travel occasionally, take time off work?		
4.	Are there accommodations you need to participate? If yes, describe accommodations needed (accessible transportation/room, personal care provider, interpreter, facilitator, special dietary requirements, etc.).		

5.	Please tell us a little more about yourself and advocacy activities you have done and when		
6.	Please tell us if you are familiar with using and do you have any email address? Do you act phone? Are you on, or do you use any Social	tively use a cell.	
7.	IF you are applying as part of a "Team" (1 O AND 1 support person), please list the name of the other team members and the Staff inv member of the team should submit a comple	s and contact details olved. EACH	
Sign	nature:	Date:	
For any questions, contact Arlene Poncelet, Exec. Dir. of Council on Developmental Disabilities, 605-773-6369 or 1-800-265-9684.			
DEADLINE TO RETURN APPLICATIONS IS April 3, 2017			

Mail completed, signed applications to: Faith Korkow, SDAC Staff c/o SD Coalition; 221 S Central Ave, Ste 34-A; Pierre SD 57501