



To: Interested Self-Advocate Leaders

From: Self-Advocates of Michigan Membership Committee

Date: Tuesday, March 28, 2017

Regarding: Application to Self-Advocates of Michigan Board of Directors

Greetings:

Over the past year, Self-Advocates of Michigan (SAM) has been working to organize Michigan's statewide Self-Advocacy network. SAM will have its next Board of Directors election in June 2017. The new Board will begin in July 2017. This election will elect new Board members and officers. If you are interested in running for a position on the Board, please complete the attached application and submit it by email or US Mail or the online application at <https://www.surveymonkey.com/r/SAMBoard2017>. Applications are due **Sunday, April 30, 2017**. The applications will be reviewed. Individuals will then be contacted for an interview in May-June 2017.

The SAM Board of Directors leads the organization. Be reminded that being a leader of SAM means a time commitment of a few hours each month. You will be expected to attend the in-person meetings and participate in conference calls, training, and/or retreats. It will also include work in between meetings.

The SAM Board of Directors is supported by the Michigan DD Network. The Michigan DD Network includes the Michigan Developmental Disabilities Council (MDDC), the Michigan Developmental Disabilities Institute (MI-DDI), and Michigan Protection and Advocacy Services, Inc. (MPAS).

If you have any questions, please call 517-335-3158 or email at mdhhs-dd-council@michigan.gov.



Self-Advocates of Michigan

Board Member Application

- Members of the board must be adults (18 and over) with a developmental disability.
- Please type or write clearly.
- Incomplete applications will not be considered.
- Deadline for submission is Sunday, April 30, 2017.
- Applications can be submitted by email to: mdhhs-dd-council@michigan.gov.
- or via US Mail to: Michigan Developmental Disabilities Council

Attn: Dee Florence

P.O. Box 30195

Lansing, MI 48909

Email: mdhhs-dd-council@michigan.gov.

**If you have any questions please call 517-335-3158.*

NAME		STREET ADDRESS			
CITY		ZIP CODE		E-MAIL ADDRESS	
HOME PHONE	Other PHONE				
Are you an adult with a Developmental Disability?		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

REPRESENTATION
<p><i>This information is being requested in accordance with federal regulations. It is our goal for the self-advocacy organization to be diverse in its membership. Please indicate your ethnic/racial identity so that you can accurately be reflected.</i></p>

Ethnicity:					
<input type="checkbox"/>	American Indian/Alaskan	<input type="checkbox"/>	Arab/Arab-American/Chaldean	<input type="checkbox"/>	Hispanic/Latino
<input type="checkbox"/>	African American/Black	<input type="checkbox"/>	Asian/Pacific Islander	<input type="checkbox"/>	White/Caucasian

What County do you live in?

Gender:	
<input type="checkbox"/> Male	<input type="checkbox"/> Female

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Describe your disability (mark all that apply):			
<input type="checkbox"/>	Autism Spectrum Disorder	<input type="checkbox"/>	Physical Disability
<input type="checkbox"/>	Hearing Loss and/or Deafness	<input type="checkbox"/>	Vision Loss and/or Blindness
<input type="checkbox"/>	Intellectual Disability	<input type="checkbox"/>	Other, please describe:
<input type="checkbox"/>	Learning Disability		

TELL US ABOUT YOURSELF

Why do you want to be a member of board for the Self-Advocates of Michigan?

What disability advocacy issues do you care about most? Mark your top 2 issues.

Transportation Employment Other, please identify the issue:
 Housing Community Inclusion _____

If selected, how will you help the board achieve its mission?

What do you know about advocacy?

Which of the Council projects/activities have you been involved in? (Choose all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Michigan Developmental Disabilities Council (MDDC) Member | <input type="checkbox"/> Former RICC Member
Were you a RICC Chair or Co-Chair? | <input type="checkbox"/> Non-Profit Board Member (Arc chapter, Center for Independent Living) |
| <input type="checkbox"/> Leaders in Policy Advocacy Graduate | <input type="checkbox"/> Local Leader with Michigan Partners for Freedom | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Former MDDC Workgroup or Committee Chair | <input type="checkbox"/> Peer Mentor | <input type="checkbox"/> Other, please describe: _____ |

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TIME COMMITMENT

Can you commit to monthly in-person meetings, trainings and conference call(s) for the self-advocacy group?

Yes No

COMMUNICATION

Do you have daily access to a computer with internet access?

Yes No

Do you have daily access to a telephone?

Yes No

REFERENCES

List the name and contact information of two people who know your skills as a leader. We will contact your references to learn more about your leadership skills and experience.

Name:

Group/Organization:

Phone Number:

Email Address:

How does this person know you?

Name:

Group/Organization:

Phone Number:

Email Address:

How does this person know you?