

ALAMEDA COUNTY DEVELOPMENTAL DISABILITIES COUNCIL
Biographical information for Candidates for the Board of Directors

Name: _____

Home Address: _____

City: _____ ZIP: _____

Telephone: _____

Business Address: _____ City: _____

Telephone: _____ Fax: _____

E-mail: _____

I am: Consumer ___ Parent/Relative/Guardian ___ Professional ___ Public ___

I am applying for: Board of Directors ___ Liaison ___

PERSONAL DATA:

Education:

Employment:

Community Activities related to Developmental Disabilities:

Other Activities:

Any constituency you can represent:

My reason for requesting this appointment:

Signed: _____ Date: _____

Please sign and return completed form to: Alameda County Developmental Disabilities Council
1000 Broadway, Suite 500, Oakland, California 94607