



## Virgin Islands Developmental Disabilities Council, Inc. (VIDDC) Membership Application

If you need help with this application, call the Council office at (340) 773-2323, Ext 2137 or email us at [viddcouncil@gmail.com](mailto:viddcouncil@gmail.com). The VIDDC requires an original application. Other documentation will be required prior to approval of membership. Membership documentation depends on membership category [See 1.].

NAME				
PHYSICAL ADDRESS [BUSINESS OR PERSONAL]				
MAILING ADDRESS [BUSINESS OR PERSONAL]				
ISLAND	CITY	STATE	ZIP CODE	GEOGRAPHIC LOCATION
HOME PHONE	WORK PHONE	MOBILE NUMBER	E-MAIL ADDRESS	
BEST METHOD OF CONTACTING: SELECT ONE:		GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		<input type="checkbox"/> BLACK <input type="checkbox"/> LATINO <input type="checkbox"/> WHITE <input type="checkbox"/> OTHER:
ETHNICITY:		INCOME LEVEL:		MARITAL STATUS:
1.	<b>REPRESENTATION:</b> <input type="checkbox"/> Individual with developmental disability [Self Advocate]. If you are a Self Advocate, please check the following: <input type="checkbox"/> Yes, I am able to participate, express my opinion and speak for myself with appropriate accommodations. <input type="checkbox"/> A Parent/Guardian of a child(ren) with a developmental disability <input type="checkbox"/> A Person with a developmental disability who is or was in an Institution <input type="checkbox"/> A Relative, Parent or Guardian of a person with a developmental disability who is or was in an institution <input type="checkbox"/> A Service Provider or employee of a service provider <input type="checkbox"/> Federally-mandated Agency Representative. Please select your agency: _____ <input type="checkbox"/> Other: _____			
<b>What is a Developmental Disability?</b>  A "developmental disability" means a severe and chronic disability of an individual that is: (a) attributable to a mental or physical impairment or combination of mental and physical impairments; (b) is manifested before the individual attains age 22; (c) is likely to continue indefinitely; (d) results in substantial functional limitations in three (3) or more of the following areas of major life activity: 1. self-care; 2. receptive and expressive language; 3. learning; 4. mobility; 5. self-direction; 6. capacity for independent living; 7. economic self-sufficiency; and (e) reflects the need for a combination and sequence of special, interdisciplinary, or generic services,				

	<p>individualized supports, or other forms of assistance which are:</p> <ol style="list-style-type: none"> <li>1. of lifelong or extended duration, and</li> <li>2. individually planned and coordinated.</li> </ol>
2.	<p>IF YOU ARE A PERSON WITH A DEVELOPMENTAL DISABILITY, PLEASE TELL US ABOUT YOURSELF. INCLUDE YOUR DISABILITY OR DISABILITIES:</p>
3.	<p>IF YOU ARE A PARENT/GUARDIAN OF A CHILD/CHILDREN WITH A DEVELOPMENTAL DISABILITY OR DISABILITIES. PLEASE TELL US YOUR CHILDREN, INCLUDING THEIR AGES AND THEIR DISABILITY OR DISABILITIES:</p>
4.A	<p>IF YOU ARE JOINING AS A PARENT/GUARDIAN OF A CHILD WITH DEVELOPMENTAL DISABILITIES OR AS A SELF ADVOCATE: WHY DO YOU WANT TO BE ON THE COUNCIL? WHAT ARE YOUR SPECIFIC INTERESTS?</p>
4.B	<p>IF YOU ARE REPRESENTING AN AGENCY/ORGANIZATION: PLEASE STATE THE NAME OF THE ORGANIZATION/ AGENCY YOU ARE REPRESENTING, YOUR POSITION/TITLE, ITS MISSION AND/OR YOUR AGENCY'S ROLE RELATIVE TO THE VIDDC'S FEDERAL MANDATE.</p>

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5.	WHAT STRENGTHS WOULD YOU BRING TO THE COUNCIL?
6.	BEING A COUNCIL MEMBER IS A COMMITMENT. YOU ARE REQUIRED TO ATTEND QUARTERLY COUNCIL MEETINGS AND SERVE ON AT LEAST ONE COMMITTEE THAT MEETS A MINIMUM OF FOUR TIMES PER YEAR. IT IS VERY IMPORTANT THAT AS MANY COUNCIL MEMBERS AS POSSIBLE ATTEND THESE MEETINGS. DO YOU BELIEVE YOU WILL BE ABLE TO MAKE THIS SORT OF COMMITMENT TO THE COUNCIL? PLEASE BRIEFLY EXPLAIN.
7.	PLEASE TELL US ABOUT ANY COMMUNITY ORGANIZATIONS OR DISABILITY ORGANIZATIONS YOU ARE INVOLVED WITH OR ABOUT ANY EXPERIENCE YOU HAVE OR HAVE HAD IN ADVOCATING FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES ( <i>MEMBERSHIP IN OTHER ORGANIZATIONS IS NOT A REQUIREMENT</i> ).

8.	HOW DID YOU LEARN ABOUT THE VIRGIN ISLANDS DEVELOPMENTAL DISABILITIES COUNCIL?
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9.	PLEASE LIST THREE (3) NON-FAMILY REFERENCES WITH ADDRESSES AND CONTACT NUMBERS. AT LEAST TWO OF THESE REFERENCES SHOULD BE DIRECTLY RELATED TO DEVELOPMENTAL DISABILITIES AND YOUR POTENTIAL COUNCIL MEMBERSHIP.												
	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%; text-align: left;">NAME</th> <th style="width: 40%; text-align: left;">ADDRESS</th> <th style="width: 30%; text-align: left;">CONTACT NUMBERS</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td></td> <td></td> </tr> <tr> <td>2.</td> <td></td> <td></td> </tr> <tr> <td>3.</td> <td></td> <td></td> </tr> </tbody> </table>	NAME	ADDRESS	CONTACT NUMBERS	1.			2.			3.		
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1.													
2.													
3.													

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be for use by the Virgin Islands Developmental Disabilities Council to determine my suitability for appointment.

Full name printed:	Date:
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Signature of Applicant/Representative:

\*The Developmental Disabilities Act requires the membership of the Council to reflect the racial and ethnic diversity of the state. (Section 125(b)(1)(C)) The Act also requires us to have a representation of not less than 60% of our membership to consist of individuals with developmental disabilities, parents or guardians of a child with developmental disabilities or relatives/guardians of adults with developmental disabilities.

Pursuant to the Americans with Disabilities Act, we will provide any accommodations request so members may fully participate on the Council.

If you are a person with a disability and would like to present information about yourself in a different format, please apply for membership in a way that meets your needs. If you would like to answer the application questions over the phone, please call (800) 305-3670, ext 6.

**THANK YOU FOR YOUR INTEREST IN THE COUNCIL!**

### **Responsibilities of Council Members**

**Purpose:** To represent persons with developmental disabilities and the community at large in addressing rights, responsibilities, and needs of people with disabilities in order to carry out the functions of the Council.

#### **Responsibilities:**

1. Attend Council orientation
2. Become familiar with PL 106-402; the Developmental Disabilities Act; the VI DD Council Five Year State Plan and Evaluation plan; State legislative agendas; Council articles, bylaws, policies and any other charter or developed documentation.
3. Actively serve on Council, Committee, and task forces and prepare for and attend Council and Committee meetings, trainings and retreats.
4. Participate in the Council's planning processes.
5. Provide information about local and national issues, concerns, and programs to the Council.
6. Provide information about developmental disabilities issues.
7. Assist with development of Request for Proposals, selection of projects, and monitoring grantee progress.
8. Commit to serving at least one two-year term of appointment.
9. Actively participate in other activities as related to Council functions.

#### **Qualifications:**

1. Knowledge of developmental disabilities issues.
2. Commitment to the Council's purpose, federal mandate and willingness to serve and fulfill responsibilities
3. Commitment of a minimum of two hours per month to Council activities (usually no more than one meeting every quarter, plus committee meetings and training) and a minimum of 2 days for annual training/retreat.
4. Ability to express concerns and convictions.
5. Ability to work cooperatively with others.
6. Ability to place interest of the Council above personal concerns.

### ***What is the U.S. Virgin Islands Developmental Disabilities Council, Inc.?***

The Council is a public policy and advocacy organization that works to positively affect programs, policies and practices of importance to people with developmental disabilities and their families. The Council advocates for public policy and supportive practices and opportunities that promote the full inclusion of all people with developmental disabilities in community life.

Council projects promote activities in the areas of: employment, education and early intervention, child care, transportation, community supports, recreation, housing, health, and quality assurance.

Council members and staff collaborate with other organizations, advocate with legislators and other policy makers, and determine funding for demonstration projects and innovative projects.

### ***Who makes up the Council?***

There are approximately 21 Council Members and a minimum of two full-time staff. Members are selected by the Council and appointed by the Governor for two-year terms. Members may serve on the Council for a total of three terms. 60% of Council Members are people with developmental disabilities or family members of people with developmental disabilities. Other Council members include federally-mandated state agencies and community organizations through their authorized representatives (e.g. State Department of Special Education, Division of Disabilities and Rehabilitation Services) Service providers, the Protection and Advocacy System and University Centers for Excellence in Developmental Disabilities).

### ***What is involved with Membership?***

- Must be willing to place the needs of the Council before personal gain.
- The full Council meets within the territory at least four times per year and holds an annual retreat.
- Full Council meetings are typically Thursdays or Fridays, beginning at 8:00 a.m. and ending 4:00 p.m.
- Each member must serve on a standing committee. There are also several ad hoc committees open to members depending on their interest and availability. The standing committees meet on variable schedules (during the day, in the evening or by teleconference) a minimum of four times per year.
- You should be able to make a minimal time commitment of 2 hours per month (times vary).
- The Council has written policies to support self advocate and parent/guardian attendance and full participation in Council activities.
- Leadership training is provided to self advocates and parents/guardians to improve their ability to affect system change for individuals with developmental disabilities.