



OLMSTEAD COMMISSION ADVISORY COUNCIL APPLICATION FORM

The Olmstead Commission Advisory Council provides input and recommendations in the planning, development, and operation of The Olmstead Commission.

Advisory Council members will be selected from the eligible applicants. Travel expenses for Council members may be reimbursed at state rates to attend meetings. Applications should be submitted to: Protection and Advocacy Project, 400 East Broadway – Suite 409, Bismarck, ND 58501-4071; fax: (701) 328-3934; e-mail: olmstead@nd.gov

Name: _____ E-mail: _____

Address: _____
Street City State Zip

Telephone: _____
Home Cell

I am interested and eligible to serve on the Advisory Council because I am: (mark all that apply)

- ☐ A health care professional
- ☐ A provider of disability-related services
- ☐ Knowledgeable about disabilities
- ☐ A present or past recipient of disability-related services
- ☐ A family member of an individual who is a present or past recipient of disability-related services
- ☐ A family member who is a primary care giver for a minor child or youth who is a present or past recipient of disability-related services

Describe any relevant educational, volunteer, work, or personal experiences to explain the items you checked in the above question (e.g., if you checked "knowledgeable about disabilities," explain what qualifies you in this way):

Describe why you are interested in serving on this council:

Explain any special accommodations you may need to participate as a council member:

List three references who could verify your eligibility and ability to serve on this council:

| Name | Address | Phone |
|------|---------|-------|
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If selected to serve on the Advisory Council, I will commit myself to active, involved participation on the Council, to promote the human, civil and legal rights of individuals with disabilities, and to execute my duties in a manner consistent with this pledge.

Signature

Date