**Governor’s Committee on Disability Issues**

**& Employment (GCDE)**

**Supplemental Applicant Questionnaire**

**Deadline for 2013 appointment: 9-15-2012**

**This form is filled out by tabbing through to the next box. If you have questions, call Debbie Himes at (360) 486-5894. Email your completed questionnaire to** **dhimes@esd.wa.gov****.**

**Applicant:** **Date:**

**Address:**

 **Street City**

**Email:** **Phone:**

1. Why are you interested in Membership on the Governor’s Committee?
2. Describe any previous participation with GCDE, or other state, local or regional disability organizations.
3. What areas of expertise, special skills or resources do you have that will contribute to the activities of the GCDE?
4. Please provide examples that demonstrate your leadership skills and your experience working with or advocating for the disability community.
5. Have you discussed with your employer how much time you will need to be away from work? (A letter from GCDE will be sent to you to give to your employer asking if he/she has issues with time off for Committee activities.)
6. The Committee requires that Members attend and participate in General Membership Meetings, participate in subcommittee and workgroup activities, serve as a resource and be involved and responsive to communications from GCDE Staff, GCDE Chair and subcommittees. Are you clear about the expectations of Membership on the GCDE? Yes [ ]  No [ ]  Can you meet this commitment?
7. What Legislative and Congressional Districts are you in?             Name your legislators?

Reference Information:

List (3) references who can provide GCDE with additional information on your involvement in community activities that relate to disability.

1) Name:       Phone:

 Organization:       Title:

2) Name:       Phone:

 Organization:       Title:

3) Name:       Phone:

 Organization:       Title:

**Please provide (2) letters of recommendation to the Committee.**

**Disability Information:**

Although voluntary, this information is important to the GCDE and will assist in the goal of maintaining a broad representation on the Committee.

1. Do you have a disability? Yes [ ]  No [ ]  If yes, please specify.
2. Do you have family members with disabilities? Yes [ ]  No [ ]  If yes, please specify.

**Accommodations Needed:**

[ ]  Large Print [ ]  Braille [ ]  Transportation

[ ]  Sign Language Interpreter: Type

[ ]  Individual Preparation/Support before Meetings. Yes [ ]  No [ ]

[ ]  Other (please explain):