

## SDAC LEADERSHIP TEAM APPLICATION

Applications are welcome anytime.

*(please print clearly, thanks!)*

**Name:** \_\_\_\_\_

**Complete Mailing Address:** \_\_\_\_\_

**Daytime Phone:** \_\_\_\_\_ **Another Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Agency/Family Support Contact (IF applicable):** \_\_\_\_\_

**Email:** \_\_\_\_\_

1. WHY do you want to be on the Leadership Team? What goals would you want to accomplish?

2. What strengths and talents can you use and share with Team?

3. Can you seriously commit the time away to attend meetings and all Team activities? Are you able to travel regularly (quarterly)? Are you able to take time off work?

4. Are there accommodations you need to participate? If yes, describe needed accommodations (*accessible room, ASL interpreter, special diet, etc.*).

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