

**ALAMEDA COUNTY DEVELOPMENTAL DISABILITIES COUNCIL**

Biographical information for Candidates for Board of Directors  
or Appointment to Area Board 5

Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ FAX: ( ) \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ FAX:( ) \_\_\_\_\_

e-mail \_\_\_\_\_ web \_\_\_\_\_

I am: Consumer  Parent/Relative/Guardian  Professional  Public

I am applying for: Board of Directors Liaison  Area Board 5 appointment

**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, CA 94607