IDDSAC APPLICATION

Personal Information

First Name:	**Last Name:**
Street Number:	**Street Name**
City:	**State, Zip:**
Sex:	**Primary phone #:**
Alternate Phone #:	**Email Address:**
Occupation:	**Employer:**

Residency

Length of Residency in Bexar County:	**Are you a registered Voter? Yes/ No**

Special Expertise

1. **What is your expertise/background as it involves individuals with intellectual disabilities?**

2. **Potential Committee Member type? Circle One**
   a. **Client**
   b. **LAR/Family Member**
   c. **Community Member**

3. **Describe your interest in serving on the advisory committee:**

4. **Describe how you learned about this committee:**

Organization Membership

Are you currently serving on other Boards, Commissions, or Committees?	**Yes or No**
Have you served on a Board, Commission, or Committee before?	**Yes or No**

Please list organization memberships and positions held:

Please List Areas of Special Interest/Other Information for Consideration:

Conflict of Interest

Please list all potential real or perceived conflict of interest by serving on this committee: