

**APPLICATION FOR APPOINTMENT TO THE CARROLL COUNTY BOARD OF
DEVELOPMENTAL DISABILITIES**

Name _____ Home phone _____
Address _____
Occupation _____ Business phone _____
E-mail address _____

BACKGROUND INFORMATION

What education or skills could you contribute to the Board of DD (Please check)

Business Management Health Care Practice Marketing
 Finance Personnel Administration Law
 Government Service
 Other (Please explain)

What other Boards do you currently serve on?

Name of Organization _____ Dates of Service _____

What other Boards have you previously served on?

Name of Organization _____ Dates of Service _____

Other charitable or community activities in which you have been involved

YOUR AVAILABILITY TO SERVE

Board meetings are held on the fourth Thursday of each month starting at 5:30 pm. Committee meetings are held based on need.

Could you regularly attend board and committee meetings? Yes No
Conflicts? _____

Do you foresee any potential personal or professional conflict of interest situation arising out of your possible appointment to this Board? If so, please explain: _____

ELIGIBILITY FOR BOARD MEMBERSHIP. The Ohio Revised Code prohibits some individuals from serving on county boards of DD. Please check yes or no to each of the following:

- | | Yes | No | |
|----|--------------------------|--------------------------|--|
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | I am an elected public official, except for a township trustee, township clerk, or individual excluded from the definition of public official or employee in division (B) of section 102.01 of the Revised Code. |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | I am an immediate family member of another county board member. |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | I am a county board employee or immediate family member of a county board employee. |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | I am a former employee of the county board whose employment with the county board ceased less than one calendar year before the former employee would begin to serve as a member of the county board. |
| 5. | <input type="checkbox"/> | <input type="checkbox"/> | I am an individual who, or whose immediate family member is, a board member or an employee of an agency licensed or certified by the department of developmental disabilities to provide services to individuals with mental retardation or developmental disabilities. |
| 6. | <input type="checkbox"/> | <input type="checkbox"/> | I am an individual who, or whose immediate family member is, a board member or employee of an agency contracting with the county board that is not licensed or certified by the department of developmental disabilities to provide services to individuals with mental retardation or developmental disabilities unless there is no conflict of interest. |
| 7. | <input type="checkbox"/> | <input type="checkbox"/> | I am in individual with an immediate family member who serves as a county commissioner of a county served by the county board unless the individual was a member of the county board before October 31, 1980. |

All questions relating to the existence of a conflict of interest shall be submitted to the Carroll County Prosecutor's Office for resolution.

YOUR VIEWS ON OUR ORGANIZATION

Why do you want to serve on the Board of DD? _____

REFERENCES: (List names, addresses, and phone numbers)

Signature _____ Date _____