

**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)

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Are you a resident of the United States? Yes (  ) No (  )  
Are you a resident of Carroll County? Yes (  ) No (  )

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: \_\_\_\_\_

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**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? \_\_\_\_\_

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

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Signature \_\_\_\_\_ Date \_\_\_\_\_

Immediate Family Member includes the following: parents, grandparents, brothers, sisters, spouses, sons, daughters, aunts, uncles, mothers-in-law, fathers-in-law, brothers-in-law, sisters-in-law, sons-in-law, and daughters-in-law.