



Self-Determination Local Voluntary Advisory Committee Application

1. Name:
Full Address:
County:
Phone Number:
Email Address:

2. Race/Ethnicity (optional)
African-American
American Indian/Native Alaskan
Asian
Hispanic/Latino
White
Other

3. I am a:
Self-Advocate
Family Advocate
Other

4. Has your name been selected to participate in the roll out of the Self-Determination Program?
Yes
No

5. How did your interest in, or knowledge of, the developmental disability field and service system develop?



6. What are your areas of interest in the developmental disability field and service system?

7. Please describe any previous experience with Self-Determination and explain why you wish to serve on the Self-Determination Advisory Committee?

Valerie Buell
SCDD, Bay Area Office
valerie.buell@scdd.ca.gov
(510) 286-0439

Michi Toy
RCEB
mtoy@rceb.org
(510) 618-7707