



**CONSENT TO SERVE IN AN ELECTED POSITION
OF THE FLORIDA DEVELOPMENTAL DISABILITIES COUNCIL, INC.**

I _____ hereby give my consent to be considered as a candidate for an officer
(Please print your name)
position and, if subsequently elected, serve in an elected position of the Florida Developmental
Disabilities Council, according to the bylaws of the corporation.

____ **Chairperson**

____ **Treasurer**

____ **Vice Chairperson**

____ **At Large Member**

Describe your qualifications, experience, or other reason for seeking consideration to the stated elected position(s). Provide information on (1) How many years you have served on the Council; (2) any leadership positions you have held with the Council, including Task Force and Committee roles; and (3) your plans for the direction of the Council in the next 2 years, including three things you feel are top priorities facing the Council in that time period. Attach additional pages as needed.

I certify that all information provided as part of this form is true and correct to the best of my knowledge.

By selecting the "I Accept" button, I am signing this form electronically.

I Accept

Signature

Date

This signed form must be submitted to the Executive Director by _____

YOUR SIGNATURE IS REQUIRED