



**Self-Advocate Advisory Board
Application**

Name: _____

Address: _____

City, State & Zip Code: _____

Phone Number: _____

Email: _____

Age: _____ Birthday: _____

Are you in school? Circle one: Yes No

If you circled yes, where do you go to school? _____

Do you have a job? Circle one: Yes No

If you circled yes, where is your job? _____

If you circled yes, when do you work? _____

Do you volunteer anywhere? Circle One: Yes No

If you circled yes, where do you volunteer? _____

If you circled yes, when do you volunteer? _____

Why do you want to be on the Self-Advocate Advisory Board? _____

Please email the completed application to info@dspnt.org or mail to the address below.