SDAC LEADERSHIP TEAM APPLICATION

Applications are welcome anytime.

(please print clearly, thanks!) Name:			
Dayt	ime Phone: Another Phone:		
Email:			
Agency/Family Support Contact (IF applicable):			
Email:			
1.	WHY do you want to be on the Leadership Team? What goals would you want complish?		
2.	What strengths and talents can you use and share with Team?		
3.	Can you seriously commit the time away to attend meetings and all Team activities? Are you able to travel regularly (quarterly)? Are you able to take time off work?		
4.	Are there accommodations you need to participate? If yes, describe needed accommodations (accessible room, ASL interpreter, special diet, etc.).		

For any questions, contact Arlene Poncelet at 605.773.6369			
Support Person's Signature: Date:		Date:	
Sign	nature:	Date:	
7.	If you are applying as part of a "Team" (1 or person), please list the names and contact including staff. EACH team member needs	details of other team members,	
6.	Do you use email? Do you check it often? or do you use, any Social Media sites (Face		
5.	have done and where. Tell us about yourself ar		

Mail completed, signed applications to: SDAC, c/o SD Council on DD; 2520 E Franklin St, Suite 4; Pierre, SD 57501

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