

**Boards and Commissions Member Recommendations**

**Candidate for**: DD Advisory Committee

**Nominated by *(self or other)*:**

**Name:**

**Affiliation:**

**Degree completed:**       **Licensure/Certification:**

**Name of university/school attended:**

**Employer and location (City, County):**

**Residence (City, County):**       **Military Status:**

**Do you currently serve on another IDHS Board or Commission? Y**       **N**      

**If yes, please provide: Y**       **N**

**Name of Board/Commission:**

**Dates of Service:**

|  |
| --- |
| **Short Bio *(Please limit to 250 words or less****)*: |

# Race & Ethnicity

*Please select all that apply*

African-American/Black

Arab American

Asian American & Pacific Islander

Hispanic or Latina/o/x

Native American/American Indian

White/Caucasian

Other

Not Identified

Prefer not to Disclose

# Gender

Male

Female

Other

Not Identified

Prefer not to Disclose

# Disability

Yes, I have a disability

No, I do not have a disability

Prefer not to Disclose

# Experience and/or Interest in the following IDHS Divisions

*Please select all that apply*

Family and Community Services

Developmental Disabilities

Substance Use Prevention & Recovery

Rehabilitative Services

Mental Health

# Primary/Preferred Language:

# Contact Information:

# Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Primary Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Secondary Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Please send your completed nomination form to: [allison.stark@illinois.gov](mailto:allison.stark@illinois.gov)