



Questionnaire for Potential Board Members

Name _____

Address _____

City _____ Zip _____

Phone _____
Days Evenings Other Fax

Email Address _____

Do you currently have a family member either eligible for or receiving services from PCBDD?
 Yes No

If yes, please complete the following:

Individual's Name _____

Relationship to You _____

If receiving a service, type(s) _____

State law requires that a certain number of board members be immediate family members of people either eligible for or receiving services from Preble County Board of DD.

Do you have a professional experience in the field of Developmental Disability?

Yes No If yes, please explain: _____

Current Employer _____

Position _____

Why are you interested in serving as a member of the Board:

What issues and concerns do you think should be most important to PCBDD and its operations?

Education

High School _____

College, Technical or Trade School _____

Please list the organizations/agencies with which you are involved in the community or public service and describe your involvements with them:

Organization	Description of Your Service/Involvement
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Return to:

Preble County Commissioners
101 E Main St.
Eaton, OH 45320

Date:

To: Brian Green, Superintendent, Preble County Board of DD

From:

I hereby declare the following:

That I am a resident of Preble County and a citizen of the United States of America;

That I am interested and knowledgeable in the field of developmental disabilities and other allied fields;

That I am a person who has professional training and experience in business management, finance, law, health care practice, personnel administration or government service; and

That I am not an elected public official, except for a township trustee, township fiscal officer, or individual excluded from the definition of public official or employee in division (B) of section 102.01 of the Revised Code;

That I am not an immediate family member of another county board member;

That I am not a county board employee or immediate family member of a county board employee;

That I am not a former employee of the county board whose employment with the county board ceased less than one calendar year before the former employee would begin to serve as a member of the county board;

That I am not an individual who or whose immediate family member is a board member, or an employee of an agency licensed or certified by the department of developmental disabilities to provide services to individuals with developmental disabilities;

That I am not an individual who or whose immediate family member is a board member or an employee of an agency contracting with the county board that is not licensed or certified by the department of developmental disabilities to provide services to individuals with mental retardation or developmental disabilities unless there is no conflict of interest;

That neither I nor an immediate family member have an ownership interest in or is under contract with an agency contracting with the Preble County Board of Developmental Disabilities.

If I or an immediate family member should acquire such an ownership interest in or go into contract with an agency contracting with Preble County Board of DD, I will declare such interest or contract to and the nature of the relationship to that agency to my appointing authority.

Signature

Date Signed

Printed Name