Alabama Interagency Autism Coordinating Council

Membership Application Information

The Alabama Interagency Autism Coordinating Council (AIACC) includes seats for three adults with ASD, three parents or guardians of a child with ASD, and five service providers. These positions are filled by Governor Appointment, in accordance with Act# 2009-295. Various state agencies and organizations also hold permanent seats on the Council. The AIACC Bylaws/Membership Committee reviews applications and submits them to the Governor for consideration and appointment. Applicants will receive notice of receipt of your application packet.

Applications for the following positions are due Friday, March 11, 2016:

- 1 Adult Individual 19 years of age or older with ASD

In order to be considered for a seat on the Council, you will need to include the following in your Nomination Packet:

-Membership Application Form-
-Letter of Recommendation-

Incomplete Application Packets will not be considered.

Submit Application Packet to:
Alabama Department of Mental Health
Attn: AIACC / Anna McConnell
100 North Union Street, P.O. Box 301410, Montgomery, AL 36130
P) 205-478-3402 • F) 334-242-0542
anna.mcconnell@mh.alabama.gov

Alabama Interagency Autism Coordinating Council Membership Application

Name: _____

Mailing Address:_____

City:_____ **State:**_____ **Zip:**_____

Email:_____ **Preferred Phone:** _____

Alternate Phone: _____**Fax (if applicable):**_____

Race: ___White ___Black or African America ___Hispanic or Latino

___Asian ___American Indian or Alaskan Native ___Native Hawaiian or Other Pacific Islander

Gender: ___Male ___Female

Describe the area where you live: ___Urban ___Rural

For which membership category of the AIACC are you applying?

___Adult Individual 19 years of age or older with ASD *(What is your age?____)*

I am interested in serving on the Council because…_____

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My experience and qualifications include (may include any educational or training experience): _____

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What knowledge and skills would you bring to the Council? _____

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Can you commit to consistent attendance at Council meetings, scheduled quarterly? _____

Are you willing to be involved in workgroups and/or Council committees to carry out the Council's work? ____

_____

_____

You may add additional pages to your Nomination Form if this page does not provide sufficient space.

-A Letter of Recommendation must be included in your Nomination Packet.-

Submit Application Packet to:

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205-478-3402
anna.mcconnell@mh.alabama.gov