



**National Participant Network (NPN)
STATE DELEGATE MEMBERSHIP FORM**

Date of Completion _____

Thank you for your interest in joining the National Participant Network. In order to create the strongest possible organization representing people with disabilities and their experiences with participant direction, please help us learn the following information about you. We appreciate your time and willingness to share about yourself.

NAME _____

MAILING ADDRESS _____

PHONE NUMBER _____

EMAIL ADDRESS _____

PLEASE CHECK IF YOU DO NOT HAVE ACCESS TO EMAIL

HOW DID YOU LEARN ABOUT THE NATIONAL PARTICIPANT NETWORK (NPN)?

Opportunities within the NPN have several different time commitments. Please let us know your availability (check all that apply)

- I can attend general meetings by telephone once every three months (quarterly). These meetings last two hours and are held during regular business hours
- I can attend committee meetings (over the phone) on specific topics each month. These meetings last between one and two hours, and are held during times agreed upon by members—sometimes in the evenings
- I can lead committee meetings (over the phone) and spend approximately one hour per month in preparation
- I can participate in special projects, such as interviewing others for research or reviewing documents to see if they are “user friendly.” These opportunities are usually infrequent, but require an intense time commitment for a short period of time. I would be paid for this work.
- I am available to travel and do presentations at conferences on the topic of participant direction. This usually involves a four day commitment (including travel time) and expenses are covered. This also requires several hours of preparation time, and I would be helped with that preparation if needed.
- I am available to help new members get comfortable with the organization, and serve as a mentor to help them develop their skills. The time needed for this varies according to a new member’s need, but usually takes a few hours.
- I am available to serve on the Board of Directors, should I be elected. This involves two to three telephone meetings per month that last between 1 and 2 hours each, as well as respond to emails once or twice per week. I would also help run the organizations quarterly general meetings, and spend approximately 1 hour in preparation for each meeting. Regular Board of Director meetings are held in the evenings, after traditional business hours.

Please list any of your current memberships with groups that provide advocacy and/or information sharing between people with disabilities. If you hold any position within a group other than general member, please indicate your level of involvement.

Name of Organization: _____

Current Member (Yes or No) _____

Previous Member with ongoing contact (Yes or No) _____

Leadership Position, if applicable: _____

Name of Organization: _____

Current Member (Yes or No) _____

Previous Member with ongoing contact (Yes or No) _____

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Previous Member with ongoing contact (Yes or No) _____

Leadership Position, if applicable: _____

The National Participant Network (NPN) has members with a variety of interests. Please check all that apply to you.

I am interested in sharing information regarding participant direction at the local or regional level

I am interested in sharing information regarding participant direction at the state level

I am interested in sharing information regarding participant direction at the federal level

I am interested in sharing my personal views and experiences with the National Participant Network and beyond

I am interested in sharing the views and experiences of a group that I represent with the National Participant Network and beyond. What is the group that you would be representing? Is the group formal or informal? In what capacity would you be representing the group?

I am interested in sharing something other than what is listed (please explain)

It is important to the National Participant Network (NPN) that we represent people from diverse backgrounds. Please check all that apply to you (this will be kept confidential)

- I am under the age of 30
- I am between the ages of 30 and 65
- I am over the age of 65
- I am a person with a physical disability
- I am a person with an intellectual disability
- I am a person with a traumatic brain injury
- I am a person with a mental health disability
- I am a family member of someone with a physical disability
- I am a family member of someone with an intellectual disability
- I am a family member of someone with a traumatic brain injury
- I am a family member of someone with a mental health disability
- I provide direct care to a family member with a disability
- I provide direct care to a non family member with a disability
- I work for a group that provides assistance to persons with disabilities
- I am employed by the state
- I am a veteran
- I am served by a participant–directed program
- I provide services or goods within a participant–directed program
- I am interested in learning about participant–directed programs
- I am interested in starting an information sharing and networking group regarding participant–directed programs within my state
- I am currently a member of an information sharing and networking group regarding participant–directed programs within my state
- I live in an urban area
- I live in a suburban area
- I live in a rural area
- I live in a frontier area

Thank you! If you have any questions, please do not hesitate to contact us at membership@wearenpn.org