

**THE GLICKMAN LAUDER CENTER OF EXCELLENCE IN AUTISM
AND DEVELOPMENTAL DISORDERS**

Application for Family Advisory Council Membership

Name: _____

Address: _____

Phone: _____ Email: _____

Languages spoken in the home: _____

1. Are you a family member of a

- Current patient
- Former patient

2. We are grateful for your willingness to serve as a council member and recognize that this is a significant commitment of your time. Are you able to commit to a 3 year term with council meetings occurring quarterly? (There may be opportunity for additional work in subcommittees as well.)

3. Please explain why you are interested in serving on the Family Advisory Council?

4. Based on your experience, do you see an area where the GLCOE could improve or change its service to provide a better experience for families?

5. What skills or interests do you have which might be helpful in your contributions to the council?

6. Please list any volunteer positions you have held or any councils on which you currently serve?

7. Do you require any accommodations in order to participate on the council?

8. Please attach your resume or CV to your application.