

Application Packet for
Prospective Nominees to the
Ohio Governor's Council on People with Disabilities

Thank you for your interest in membership to the Ohio Governor's Council on People with Disabilities (GCPD). Following is an outline of the procedures and criteria, along with an application form.

Instructions:

1. Complete the application form.
2. Provide the following support materials.
 - a) Governor Strickland's Board and Commission form.
 - b) Two (2) letters of recommendation.
 - c) Resume or bio (not to exceed one-page).
3. Mail, fax, or send an electronic copy of the application and support documents to the Ohio Governor's Council on People with disabilities.
4. **Materials must be completed and returned to the Council office by April 10, 2009.**
5. Governor Ted Strickland will appoint seven (7) members to the Council for a term beginning September 1st. Each **year seven (7) positions are appointed**. Members may apply for a second term, but are limited to two (2) terms. The length of a term is three (3) years.
6. Applicants **must** be able to attend both their assigned committee meeting on Tuesday and full council on Wednesday meetings. ***More than fifteen (15) minutes of absenteeism will be considered a missed meeting.*** More than two missed meetings can result in termination of appointment.
7. Occasionally there is an unexpected vacancy in the GCPD membership. When this occurs the Governor appoints an individual to complete the term of the vacancy.

The Ohio Governor's Council on People with Disabilities was created by state law in 1982. The Council serves in an advisory capacity to the Governor and the General Assembly on statewide problems and concerns of Ohioans with disabilities. The Council addresses such issues as architectural and attitudinal barriers, housing, transportation, insurance, employment, and other critical areas which affect the lives of the more than 1.9 million Ohio citizens who have disabilities. By law, at least half of the 21 Council Members must be persons with disabilities. Other criteria considered in the recommendation of members include a candidate's expertise, knowledge, diversity contribution and geographical location.

The Council meets six times per year, during the months of October, December, February, April, June and August. Meetings are held on **Wednesday afternoon and all day the following Thursday**, generally in Columbus. Members serve without compensation, but are reimbursed for reasonable expenses incurred in conducting Council business.

**Application Procedures for
Nomination for Appointment to the
Ohio Governor's Council on People with Disabilities**

- I. Nominees for appointment should complete an "Application for Governor's Appointment to the Ohio Governor's Council on people with Disabilities."
- II Council member representation is specified in the Ohio Revised Code Section 3303.41. At least half of the 21 members must have a disability.
- III. The Nominating Committee of the Council will review materials submitted by **all** candidates and submit names for the Governor's consideration for appointment. To assist the Nominating Committee in its deliberations, each candidate is requested to obtain two letters of recommendation accompany the nomination application.
- IV. Please include a resume or bio in addition to the application form and (7 copies a copy of any requirements by the Governor's appointed Boards & Commissions (see *).
- V. Please complete the application packet and return it to:

Ohio Governor's Council on People with Disabilities
Nominations and Awards Committee
400 East Campus View Blvd. - SW5C
Columbus, Ohio 43235-4604

Criteria for Consideration of Nominations to the Ohio Governor's Council on People with Disabilities

1. **Education/Training**
(Council seeks a wide representation of members from a number of different fields and areas)
2. **Experience in the area of disability issues**
(Specify number of years of experience, degree of involvement and scope of involvement)
3. **Geographical location**
(Will be considered in light of the location of the current Council members to obtain, if possible, representation from across the state)
4. **Demonstrated ability to promote awareness** of and advance the rights of persons with disabilities.
5. **Philosophy/attitude** regarding persons with disabilities.
6. **Areas of interest or knowledge** which will benefit the disability movement or promote the goals and objectives of the Council and its Committees (Includes areas such as employment, access concerns, health & welfare, and education).

NOMINATION CRITERIA FOR SCORING APPLICATIONS

Each nominee will be evaluated using the following **30** point criteria.

- 1) Biographical Information as it relates to legislative involvement, system change regarding disability rights, and awards related to disability inclusion. **(3 points)**
- 2) Letters of Recommendation higher priority will be given to applications with letters from legislators, employers, and community leaders. **(4 points)**
- 3) Application and resume completed with e-mail address. **(3 points)**
- 4) Geographical representation based on urban verses rural: the four sections of Ohio (Southwest, Southeast, Northwest and Northeast); a minimum of three representatives from Columbus, Cleveland and Cincinnati; a minimum of one representative from Athens, Canton, Dayton, and Toledo; a minimum of two representatives from rural communities. These points are assessed by demographics at the time of recommendation. **(5 points)**
- 5) Personal attributes such as gender, race, ethnicity, type of disability and education. These distinctions are to make the council well represented. The value attributed will depend on the current demographics at time of application and diversity needs. **(5 points)**
- 6) Applications from members who are applying for a second term on council. **(10 points)**

APPLICATION (continued page 2)

7. *Organizational Membership (list organizations, especially those in the disability area, your role or title within the organization(s) and dates served):*

8. *Civic Activities:*

9. *Experience in the Area of Disability Issues:*

10. *Political Affiliation (Necessary to document bipartisan membership):* _____

11. *Letters of Recommendation (Please submit two (2) letters of recommendation and indicate below whom they are from. Please supply telephone numbers as to where they may be contacted).*

A. _____

B. _____

12. *Areas of Interest or Knowledge which will Benefit the Disability Movement or promote the Goals and Objectives of the Council and its Committees:*

APPLICATION (continued page 3)

OPTIONAL:

13. *Are you applying as a person with a disability? (Circle one) YES NO*
If you are a potential representative with a disability, please explain how you meet these criteria.

14. *Race (optional):* _____

15. *Ethnicity (optional):* _____

16. *Nominee's Statement: I want to be considered for appointment to the **Ohio Governor's Council on People with Disabilities** because: (please incorporate your philosophy/attitude towards persons with disabilities) (25 words or less):*

Signature

Date

Deadline: April 10, 2009
Ohio Governor's Council on People with Disabilities
Attention: Nominations & Awards Committee
400 East Campus View Blvd., - SW5C
Columbus, Ohio 43235-4604
Email: Scott.Hinton@rsc.state.oh.us
Fax: 614-985-8967

***** This is a legal document *****