**AAIDD Regional Liaison Application**

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| **Personal Information** |

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Nick Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **(as you want to see it listed formally)**

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address Apt/Suite

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City State Zip Code

**E-mail 1:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **E-mail 2:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone 1:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone 2 :** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date Available:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**State or region for which you would serve as a liaison:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please acknowledge the below:**

* I acknowledge that this a volunteer-only position.
* If selected, I agree to have availability for 3-5 hours for related activities.
* I understand that AAIDD may dismiss liaisons who do not adequately perform in the role.

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| **Provide a Brief Response to the Questions Below** |

1. Please explain any past involvement with the Association- leadership roles, presenting at conferences, roles on advisory committees etc.
2. How would you describe AAIDD and AAIDD membership to an interested member?
3. What AAIDD member experience, tool, or resource has been most helpful to you? Explain.
4. Have you ever attended an AAIDD Annual Meeting? How would you describe the experience to a prospective member?
5. As a volunteer liaison, what professional networks could you tap into to encourage new members to join and to spread information about AAIDD activities?