WV Early Intervention Interagency Coordinating Council Nomination Form

WVEIICC Membership Committee
99 Edmiston Way, Suite 201, Buckhannon, WV 26201
304-471-3443 * Fax 304-471-3441 * email – szickefoose@rvcds.org

<table>
<thead>
<tr>
<th>Nominee</th>
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<tbody>
<tr>
<td>Address</td>
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<tr>
<td>Home Phone</td>
<td>Cell Phone</td>
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<td>Work Phone</td>
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What membership category of the WVEIICC do you believe you fill? (complete all that apply)

- [ ] Family Members – Age of Child
- [ ] Personnel Preparation
- [ ] Head Start
- [ ] Bureau for Children and Families
- [ ] Bureau for Medical Services
- [ ] State Legislature
- [ ] Family Resource Networks
- [ ] WV Advocates
- [ ] WV Chapter, AAP
- [ ] Insurance Commission
- [ ] Behavioral Health and Health Facilities
- [ ] State Department of Education
- [ ] WV Children’s Health Insurance Program
- [ ] WV Parent Training and Information
- [ ] Parent Advisory Councils
- [ ] WV Developmental Disabilities Council
- [ ] Office of Maternal, Child and Family Health
- [ ] Other

I am interested in serving on the Council because . . .

My experience and qualifications include (include information about how you have been involved with WV Birth to Three or other services for infants and toddlers with special needs, your thoughts on team work and other collaborative activities)

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<th>The Council strongly supports collaboration, family-centered practice, and parent input into decision-making. Do you share these values and how do you personally support or model them?</th>
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<td>What knowledge and skills would you bring to the Council?</td>
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<td>Can you commit to consistent attendance at Council meetings, scheduled every other month?</td>
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<td>Are you willing to be involved in work groups and/or Council committees to carry out the Council’s work?</td>
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You may add additional pages to your nomination form if this page does not provide sufficient space.