OHIO HELP ME GROW EARLY INTERVENTION ADVISORY COUNCIL
MEMBER NOMINATION/APPLICATION FORM

Ohio Department of Health

The Ohio Help Me Grow Early Intervention Advisory Council is seeking nominations for new members.

Interested applicants are to complete and submit the attached form.

Applicants may submit additional information (e.g., letter of support, resume or vita, article about work or family, additional page expanding on your answers to any of the questions attached).

Each application may not exceed four (4) pages total. Additional pages cannot be included in the review.

All applicants will be contacted upon receipt of application.

Submit completed applications and any questions to:

Wendy Grove, PhD
Ohio Department of Health
246 North High Street, 5th Floor
Columbus, OH 43215

Wendy.grove@odh.ohio.gov

Thank you for your interest in the Help Me Grow Early Intervention Advisory Council

Ohio Family and Children First Initiative
Help me grow™

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Name: _____

Address: _____

_____

City: _____ **, Ohio** **ZIP Code:** _____

Telephone (Mark preferred contact number): ☐ **Home** (__ __ __) __ __ __ - __ __ __ __

☐ **Cell** (__ __ __) __ __ __ - __ __ __ __

E-Mail: _____

Other means of contact: _____

Nominated by: _____

Briefly provide the following information <u>about yourself</u>. You may attach additional pages if necessary.
Application <u>may not</u> exceed four (4) pages total.

Family Information

Briefly describe your family, including your child/children including age(s) and any special health care needs/disabilities; your family's cultural and/or ethnic background; your personal work and/or experience with persons with special needs; and your interest in early childhood issues.

Education

Current Employment

May include other (e.g., homemaker/parent/volunteer).

Previous Experience/Activities

Briefly describe any previous experience with collaborative group(s) such as boards, councils, committees, or other community groups.

Area(s) of Interest

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Area(s) of Expertise

Why do you want to serve on the Ohio Help Me Grow Advisory Council?

What support(s) would you need if selected to serve on the Advisory Council?
(e.g., childcare, nursing care, hotel, meals, etc.).
NOTE: Only parents are eligible to contract for reimbursement for meals/travel/lodging to attend Council meetings.