**Supervisor Council Application/Nomination Form**

**Applicant/Nominee Name:**

**Email Address:**

**Phone Number:**

**Agency Name:**

**Agency Address:**

**Agency Phone Number:**

**Length of time in the field of DD:**

**Length of time as a Supervisor:**

**Current Position:**

**In the gray space below, please describe why you, or the person you are nominating, would be an asset to the New Ohio Supervisor Council**

**In the gray space below, please describe your goals**; **or for the person you are nominating, what you hope will be achieved by them being a member of the New Ohio Supervisor Council.**

**Thank you for your application/nomination! New Ohio Supervisor Council Members will be announced in the December 2015 edition of the OADSP E-Flash newsletter. (Members will be notified prior to public announcement.)**