



Participant Information Form

Name:

Address:

County: _____

Phone #: (____) _____ - _____

Email:

Parent/Guardian Name:

Employer Name: _____

Job Title: _____

Work Address: _____

Length in current Position: _____

T-Shirt Size: S M L XL 2XL 3XL

Story: (How did you get your job? What are your job duties? Do you have friends at work? How do you feel about working in your community? What do you like best about your job?)

Do you need support and if so, who will be supporting you?

Have you ever visited a legislator? Yes No

If yes, whom did you visit?

Why did you visit?

Please submit a completed form via (A) email to uddc@utah.gov, (B) fax (801) 533-3968, or (C) mail a hard copy to Utah Developmental Disabilities Council, 155 South 300 West, Suite 100, Salt Lake City, UT 84101.

If you have questions, please contact uddc@utah.gov or phone (801) 245-7350.

For Office Use Only

Legislators:

Facilitator:

Regional Coordinator:

Date of Visit:
