



Deaf and Hard of Hearing Advisory Committee Membership Application

Thank you for your interest in serving on the Deaf and Hard of Hearing Advisory Committee (DHHAC) of the Department of Rehabilitation (DOR). Please include your resume with your application.

All applications should be received no later than 5:00 p.m. on August 15, 2024

Name, (First, Middle, Last): _____

Home Address: _____

City, State, Zip Code: _____

Phone/VP Number: (_____) _____

Fax Number: (_____) _____

Email Address: _____

Business Title: _____

Company/Employer _____

Address: _____

City, State, Zip Code: _____

Company Phone/VP (_____) _____

Company Email: _____

I am applying to represent as a (place an X next to your choice):

- ___ Individual who is DeafBlind
- ___ Individual who is Hard of Hearing
- ___ Individual who is Late-Deafened
- ___ Expert in area of school-to-work transition
- ___ Employers and employment developers with proven track records

Please check one that best describes you:

Deaf: _____
Hard of Hearing: _____
Late Deafened: _____
Deaf/Blind: _____
Hearing: _____

If you require accommodation beyond ASL interpreting and real-time captioning services, kindly specify your needs below.

Please answer the following questions and attach additional sheets as necessary.

Provide a brief statement of qualifications to address your potential contribution to the DHHAC on creating systemic change for the services and employment of persons who are Deaf, DeafBlind, DeafPlus, DeafDisabled, Hard of Hearing, and late deafened.

1. Describe your educational background, involvement or training related to individuals who are Deaf, DeafBlind, DeafPlus, DeafDisabled, Hard of Hearing, and late deafened.

2. Describe your leadership and experience in various group settings (e.g., community, social, educational, business) that directly impacts individuals who are Deaf, DeafBlind, DeafPlus, DeafDisabled, Hard of Hearing, and late deafened.

3. What do you hope to contribute through your participation on the DHHAC?

4. Is there anything in your background that, if made known to the general public through your appointment, would cause an embarrassment to the Department or the Governor's administration? Please place an X after the response below that best applies to you.

No:

Yes: (please explain)

SIGNATURE

DATE

Instructions:

1. Complete the application and provide your resume.
2. E-mail the application and your resume to Jennifer.Wilbon@dor.ca.gov.

IMPORTANT: All applications must be received by 5:00 p.m. on August 15, 2024.

Questions? Please call Jennifer Wilbon at (916) 558-5489 or email Jennifer.Wilbon@dor.ca.gov.