



## **Blind Advisory Committee Membership Application**

Thank you for your interest in serving on the Department of Rehabilitation's Blind Advisory Committee (BAC). Please include your resume with your application.

Name, (First, Middle, Last):

Address:

City, State, Zip Code:

Phone Number, including area code:

Fax Number, including area code:

Email Address:

Business Title:

Company/Employer:

Company/Employer Address:

Company/Employer City, State, Zip Code:

Company Phone, including area code:

Company Fax, including area code:

Company Email:

**I am applying to represent - Place an X after your choice:**

Representative of the California Council of the Blind:

Member with experience in the education of blind and visually impaired youth:

Member at large:

**Place an X after the choice below that best describes you:**

Blind:

Visually Impaired:

Sighted:

If Sighted was selected, please specify:

**Which medium of communication do you prefer?**

Braille:

Large Print:

Electronic:

Other:

If Other was selected, Please Specify:

**Please answer the following questions - attach additional sheets as necessary.**

In addition to answering the following questions, please provide a brief statement of qualifications to address your potential contribution to the BAC on creating systemic change for the services and employment of persons who are blind or visually impaired.

1. Please include your leadership capacity and experience in various group settings and/or how your participation will connect to a larger community of people/organizations with interest in advancing services and employment opportunities for persons who are blind or visually impaired.

Response:

2. Briefly describe the interests you will represent and what you hope to contribute as a result of participating on the BAC.

Response:

3. From your current perspective, please summarize 2-3 desired outcomes of the BAC.

Response:

SIGNATURE:

DATE:

Please send an electronic copy via e-mail of your application and resume to Stacy Cervenka at [stacy.cervenka@dor.ca.gov](mailto:stacy.cervenka@dor.ca.gov).

**The deadline for all application materials is Friday, April 1, 2016.**

**Please submit your signed application with a resume to:**

Department of Rehabilitation

Attn: BAC, Stacy Cervenka

721 Capitol Mall

Fourth Floor

Sacramento CA 95814

Phone: (916) 558-5380