

State Rehabilitation Council to the Bureau of Rehabilitation Services Application Form

Name of Nominee: _____

Home Address/City/Zip: _____

Home Telephone: _____ Home E-Mail: _____

Employer: _____

Address/City/Zip: _____

Work Telephone: _____ Work E-Mail: _____

Name of Nominator (if different than nominee): _____

Address/City/Zip: _____

Day Telephone: _____ Day E-Mail: _____

Please identify your race/ethnicity (voluntary)?

African-American Asian Caucasian Hispanic/Spanish Speaking

Multi-racial Native American/Alaskan Other

The SRC membership must include representatives of the following categories:

- ◆ at least one representative each of the **Statewide Independent Living Council, the Parent Training and Information Center, the Client Assistance Program - CAP (Section 112), Community Rehabilitation Program service providers, the State Education Department, the State Workforce Investment Board, and Section 121 (Vocational Rehabilitation [VR] for Native Americans)**;
- ◆ a **qualified vocational rehabilitation counselor**
- ◆ four representatives of **business, industry and labor**;
- ◆ **representatives of disability advocacy groups** representing physical, cognitive, sensory, and mental disabilities and individuals who have difficulty representing themselves; and
- ◆ **current or former applicants or recipients** of VR services.

Which membership category is the most appropriate match for you? _____

Please feel free to add extra pages to answer the following questions.

Why are you interested in serving on the State Rehabilitation Council?

What is your interest in vocational rehabilitation and the employment of persons with disabilities?

Please list any organizations in which you have held leadership positions, and your accomplishments while holding such positions:

Have you ever done legislative advocacy? If so, please describe your activities.

Do you have a disability? If so, please describe.

Have you ever been enrolled in the Bureau's Vocational Rehabilitation Program?

If you are employed, does your supervisor support your application for appointment to the State Rehabilitation Council?

Statement of Commitment

"I, the undersigned, understand that the State Rehabilitation Council (SRC) is a working council which meets at least six times per year for the full Council and at others times for the committees, as needed. I also understand that I must work on a SRC committee, support legislative and public awareness campaigns, participate in the process to complete the BRS State Plan and the Comprehensive Statewide Needs Assessment (CSNA), and attend at least one public meeting, as scheduled. If appointed to the SRC, I will earnestly strive to meet these commitments."

Signed,

(your name)

(date)

IN ORDER FOR YOUR APPLICATION TO BE CONSIDERED, YOU MUST INCLUDE A RESUME.

You may attach any other information you feel would be valuable in evaluating your application. Please mail all information to **Kerri Fradette, Bureau of Rehabilitation Services, Department of Rehabilitation Services, 55 Farmington Avenue, 12th Floor, Hartford, CT 06105** or, you may fax **all information to Kerri at 860-424-4850.**

Last Updated: July 2017