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|  | Edmund G. Brown Jr.,  Governor    State of California Health and Human Services Agency |
| **Orientation Center for the Blind Trust Fund Committee**  **Membership Application** |  |

Thank you for your interest in serving on the Department of Rehabilitation’s Orientation Center for the Blind (OCB) Trust Fund Committee. Please include your resume with your application.

Eligibility for this Committee is restricted to graduates of the OCB.

**All applications should be received no later than December 31, 2015.**

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:

## Please answer the following questions. When appropriate, place an “x” in front of the appropriate choice.

## Are you a graduate of the Orientation Center for the Blind?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

## If so, what date did you graduate?

\_\_\_\_\_ (Month/Year)

## I am applying to serve as a representative of (select one):

## \_\_\_\_\_ California Council of the Blind (appointments are made in consultation with the organization’s President)

\_\_\_\_\_ National Federation of the Blind of California (appointments are made in consultation with the organization’s President)

\_\_\_\_\_ Other Advocacy Group (specify group:\_\_\_\_\_\_\_\_\_\_\_\_\_)

\_\_\_\_\_ At-large Member

## How do you describe yourself (select one)?

\_\_\_\_\_ Blind

\_\_\_\_\_ Visually Impaired

\_\_\_\_\_ Other (specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

## Which medium of communication do you prefer?

\_\_\_\_\_ Braille

\_\_\_\_\_ Large Print

\_\_\_\_\_ Electronic

\_\_\_\_\_ Other (specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

## Please provide a brief statement of qualifications to address your potential contribution to the OCB Trust Fund Committee for the determination of the allocation of gifts, bequests, and donations to the OCB, by answering the following three questions. You may attach additional sheets as necessary.

1. **Please explain 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 students at the OCB.**
2. **Briefly describe the interests you will represent and what you hope to contribute as a result of participating on the** **OCB Trust Fund Committee.**
3. **From your current perspective, please summarize 2-3 desired outcomes of the OCB Trust Fund Committee.**

**SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

Please also submit a signed application and resume to:

Department of Rehabilitation

Attn: Stacy Cervenka

721 Capitol Mall

Sacramento CA 95814

**All application materials should be received no later than December 31, 2015.**