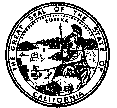
Edmund G. Brown Jr.,

Governor

Department of Rehabilitation Logo
Employment, Independence and Equality 

State of California

Health and Human Services Agency

Department of Rehabilitation

# 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:

Job 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(s):

Representative of the National Federation of the Blind:

Service provider for the Blind or Visually Impaired:

Department of Rehabilitation Consumer:

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

Blind:

Visually Impaired:

Sighted:

## Which medium of communication do you prefer?

Braille:

Large Print:

Electronic:

Other (please specify):

**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 an X after the response below that best applies to you.**

No:

Yes (please explain):

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

1. Considering your leadership capacity and experience in various group settings, how will your participation on the BAC contribute to creating systemic change for the services and employment of persons who are blind or visually impaired

Response:

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

Response:

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

Response:

SIGNATURE:

DATE:

Please send an electronic copy of your application and resume via e-mail to  
Kathleen Munyer at [Kathleen.munyer@dor.ca.gov](mailto:Kathleen.munyer@dor.ca.gov).

**The deadline for all application materials is Friday, January 20, 2017.**

## In addition, you will also need to submit a printed, signed copy of your application and your resume to:

Department of Rehabilitation

Attn: BAC, Kathleen Munyer

721 Capitol Mall

Fourth Floor

Sacramento CA 95814

Phone: (916) 558-5489