



Assistive Technology Advisory Committee (ATAC) Membership Application

Thank you for your interest in serving on the Department of Rehabilitation's Assistive Technology Advisory Committee (ATAC). Please include your resumé with your application.

ATAC Members are appointed to serve a three (3) year term with a maximum of two consecutive terms permitted.

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 individuals in the following populations - Select your choice(s):

- Blind and visually impaired
- Deaf and hard of hearing
- Developmental disabilities
- Physical disabilities
- Other disabilities
- Representative of people aged 60 and older
- Representative of people aged 14 to 23
- Representative of a person with a disability, such as a family member or guardian of a person with a disability, who uses assistive technology

Select the choice(s) below that best describes you:

- Blind and/or visually impaired
- Deaf and/or hard of hearing
- Developmental disability
- Physical disability
- Other disability
- Family member/guardian of a person with a disability who uses assistive technology

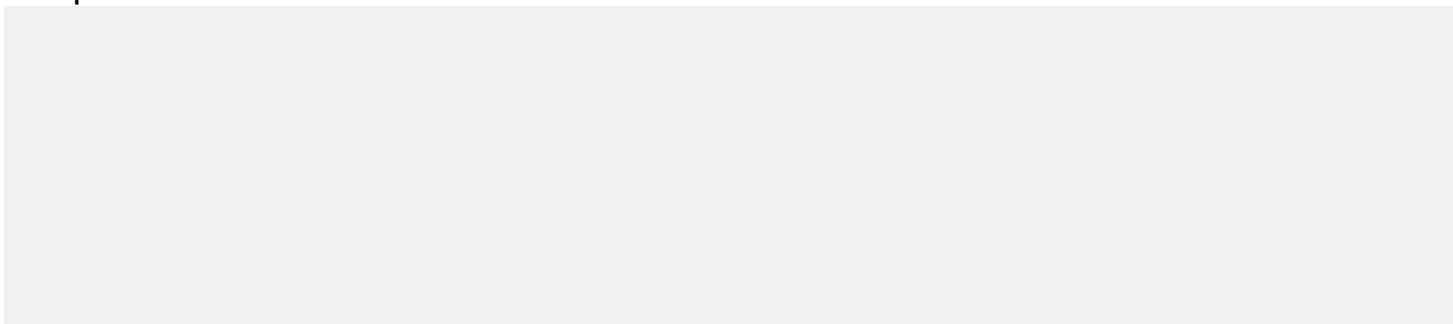
Is there anything in your background that, if made known to the general public through your appointment, would cause an embarrassment to the Department or the Governor's administration? Select the response below that best applies to you.

- No
- Yes (please explain):

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

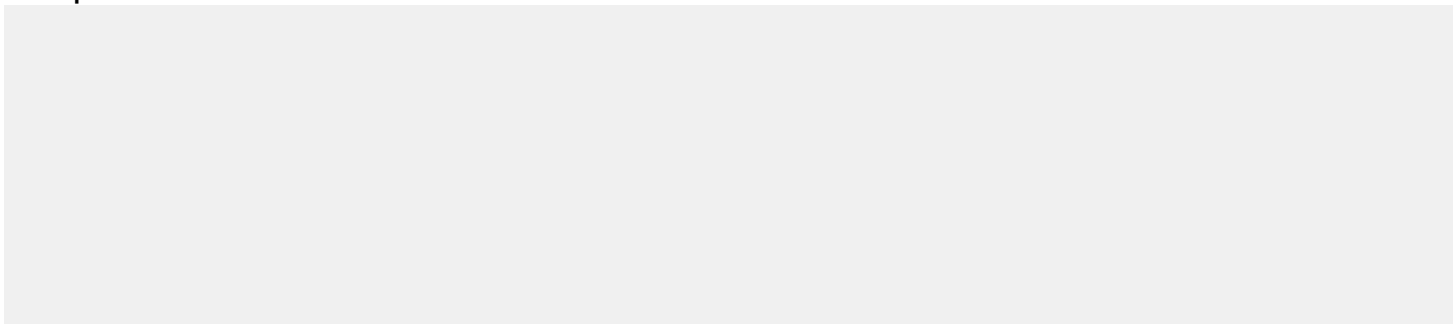
1. To the extent you are comfortable disclosing, please share with us your lived or professional experience with diverse and historically marginalized communities (this might include racial and ethnic communities, disability, age, gender, sexual orientation, homelessness, living in a rural area, etc.)

Response:



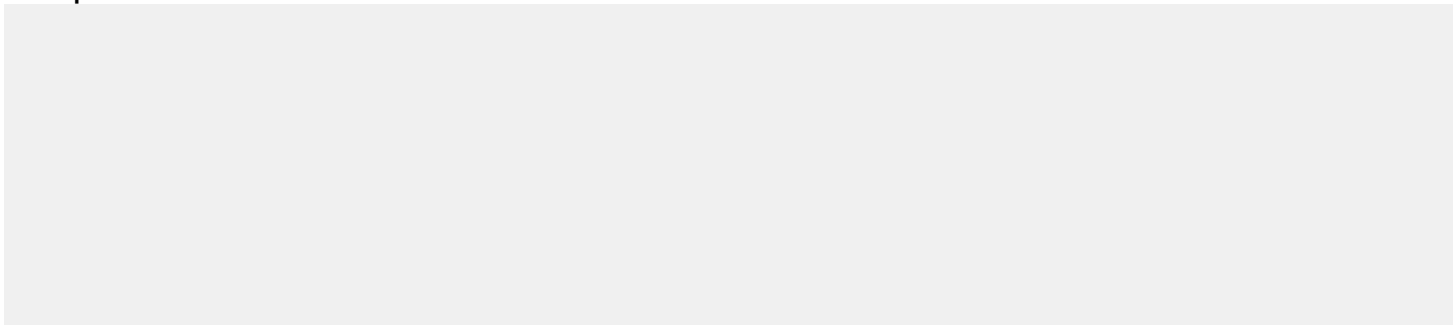
2. If you have lived or professional experience with historically marginalized communities, briefly describe how you will leverage your lived experience into the work of the ATAC?

Response:



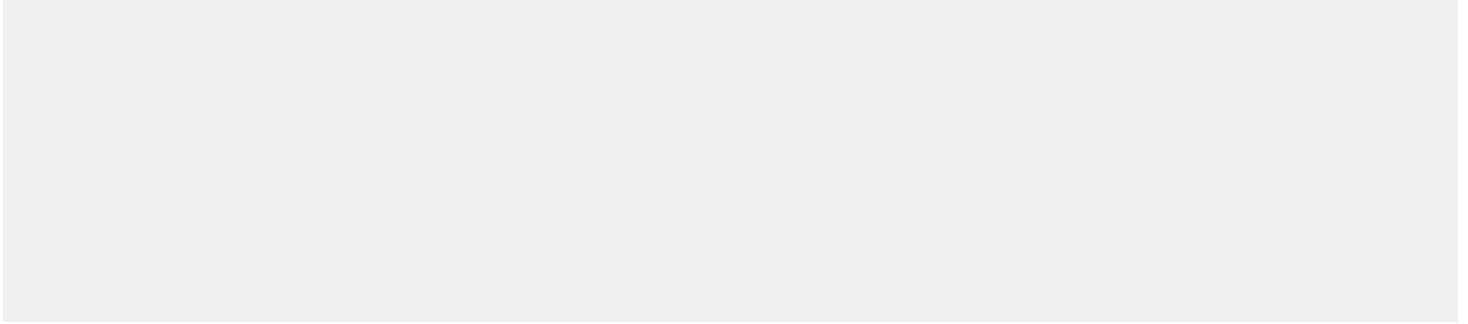
3. Considering your leadership capacity and experience in various group settings, how will your participation on the ATAC contribute to providing a voice about issues related to assistive technology in California?

Response:



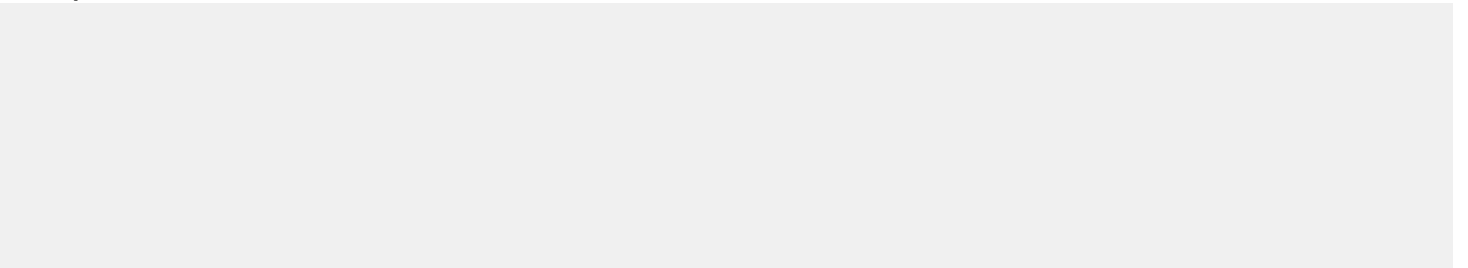
4. What do you hope to contribute as a result of participating on the ATAC?

Response:

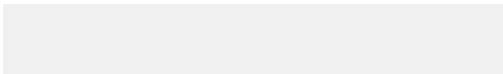


5. From your current perspective, please summarize 2-3 desired outcomes of the ATAC.

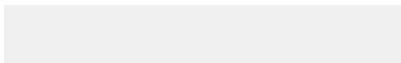
Response:



SIGNATURE:



DATE:



Please send an electronic copy of your application and resumé via e-mail to Regina Cademarti at Regina.Cademarti@dor.ca.gov.

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

Department of Rehabilitation

Attn: AT Program, Regina Cademarti

721 Capitol Mall, Floor 4

Sacramento CA 95814