



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:

Email Address:

Job Title:

Company/Employer:

Company/Employer Address:

Company/Employer City, State, Zip Code:

Company Phone, 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 who uses assistive technology (i.e. a family member or guardian)

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

Blind or visually impaired

Deaf 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? If "Yes", please provide an explanation below. If "No", please respond "N/A".

To best represent California's diverse population, and in accordance with Section 4(c)(2)(B)(iii) of the 21st Century AT Act, please identify which option(s) best describe you:

Race/Ethnicity

- American Indian/Alaska Native
- Asian/Asian American
- Black/African American
- Hispanic/Latina/Latino
- Middle Eastern/Northern African
- Native Hawaiian/Pacific Islander
- White/European
- Decline to state
- Other (please identify):

Age

- 18 – 24 years
- 25 – 34 years
- 35 – 44 years
- 45 – 54 years
- 55 – 64 years
- 65 years and above
- Decline to state

Gender Identity

- Genderqueer
- Non-binary
- Man
- Woman
- Trans
- Questioning
- Decline to State
- Other (please identify):

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