**California Committee on the Employment of**

**People with Disabilities**

**Membership Application**

In alignment with Govern Newsom’s California for All and [California Health and Human Services Agency’s Strategic Priorities](https://www.chhs.ca.gov/guiding-principles-strategic-priorities/), the [California Committee on Employment of People with Disabilities](https://www.dor.ca.gov/Home/CcepdLearnMore) (CCEPD) is committed to diversity, equity, and inclusion and ensuring that the committee is representative of the diversity of California.

1. Name (please include first, middle, and last name):
2. Address (including street address, city, and zip code):
3. Phone number:

E-mail address:

5. Occupation:

6. Employer:

In 2025, the CCEPD is looking for representation from a person with disability. As a person with disability, please provide your disability type:

As a Committee Member, you will provide different representations for discussions, please list them based on your work or volunteer history:

Nomination: [ ]  Self-nominated [ ]  Nominated by:

**Please answer the following questions and use additional space to complete answers. You can answer in a couple of paragraphs, no longer than one page each.**

If you are a person with disability, please answer the following:

* How would you leverage your lived experience into the work of the CCEPD?
* How can we improve programs and services for people with disabilities when it comes to employment, training, and support services?
* To the extent you are comfortable disclosing, please share with us your 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.).

SIGNATURE:

DATE: