



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 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. 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:

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

Response:

3. 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 Karl Ortega at Karl.Ortega@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, Karl Ortega
721 Capitol Mall
Fourth Floor
Sacramento CA 95814