

Office Location: 485 St. John's Church Road, Shiremanstown, PA 17011

Mailing Address: 925 Linda Lane, Camp Hill, PA 17011

voice (717)975-2004 or (888)250-5175 tty (888)559-2658 fax (888)524-9282

email [racucpca@parac.org](mailto:racucpca@parac.org) www.parac.org

## APPOINTMENT REQUEST FORM

NAME		*SS #
* HOME ADDRESS (include geographic region – i.e. western PA, southeastern PA, etc.)		
PHONE	FAX	EMAIL (if applicable)
EMPLOYER (if applicable)		
ADDRESS		Underline the category/categories that you could represent on the council (underline as many as apply):  State Independent Living Council (SILC) Individuals with Disabilities Act (IDEA) Client Assistance Program (CAP) OVR Customer (Past/Present) Human Resources Investment Council (HRIC) State Dept. Of Education Rehabilitation Counselor Community Rehab Provider Education Service Provider Business/Labor/Industry Physical Disability Cognitive Disability Sensory Disability Psychiatric Disability Intellectual Disabilities General Advocate
(responding to these questions is voluntary) ARE YOU: A PERSON WITH A DISABILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, Nature of Disability _____ A FAMILY MEMBER OF A PERSON W/ A DISABILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, Nature of Disability _____		
**ORGANIZATION REPRESENTING (if applicable)		
OTHER AFFILIATIONS/ORGANIZATIONS		
BRIEFLY DESCRIBE HOW YOUR SKILLS, EXPERIENCE, ETC. MATCH THE ROLE AND RESPONSIBILITIES OF THE REHABILITATION COUNCIL.		
SIGNATURE		DATE

\*Please Attach a Resume or Brief Biography and two written references. Documents should be emailed to [racucpca@parac.org](mailto:racucpca@parac.org) in word document format.

\* This information is required by the Executive Office for all appointments made by the Governor.

\*\* Please Note: RC appointments are by individual, not organization. Alternates may attend as members of the general public, however they may not vote on any action items.

Form revised 10/2015.