Vacancy on RICDHH Board of Commissioners

Rhode Island Commission on the Deaf and Hard of Hearing

RICDHH BOARD IS NOW ACCEPTING APPLICATIONS FOR ONE DEAF AND ONE HEARING COMMISSIONERS

What is a *Commissioner?

- Represents Deaf and hard of hearing viewpoints
- Brings issues re: education, employment, health care, family relations, interpreter/CART services, technology, and rights to the Commission
- Wants to improve life for Deaf and hard of hearing people

What does a Commissioner do?

- Attends scheduled meetings, including regular, emergency, committees and workgroups
- Serves on at least one committee
- Lets Deaf and hard of hearing communities know what is happening and encourages more consumer participation
- Advocates for Deaf and hard of hearing on state and federal level (testifying at legislative hearings, networking, training and so forth)
- Participates in RICDHH events (annual Coffee Hour, Deaf Awareness Week and Hearing Loss Awareness Month)

How do I become a Commissioner?

- Let RICDHH Commissioners know you are interested
- Contact RICDHH by phone, fax, email, or letter, or stop by RICDHH office
- Fill out an application and let us know why you would like to be a Commissioner

What's next?

- Commission discusses application and votes to recommend you to Governor
- Governor looks at recommendations and gives final approval

To review the composition of the RICDHH Board of Commissioners see SECTION 23-1.8-1 online at www.rilin.state.ri.us/Statutes/TITLE23/23-1.8/23-1.8-1.HTM.

***** This is a volunteer position.

Application Deadline: March 16, 2012

RI COMMISSION ON THE DEAF AND HARD OF HEARING
ONE CAPITOL HILL, PROVIDENCE, RI 02908-5850
401-256-5511 (TEL/VP) 401-222-5736 (FAX)
CDHH@CDHH.RI.GOV (EMAIL) WWW.CDHH.RI.GOV (WEB)

State of Rhode Island and Providence Plantations

Rhode Island Commission on the Deaf and Hard of Hearing

• COMMUNICATIONS • OPPORTUNITIES • EQUALITY •

APPLICATION FOR COMMISSIONER VACANCY

(Revised 9/10)

PERSONAL INFORMATION

Name			
Street Address			
City			
State		*Zip*	
Telephone (Home)		*Telephone (Work)*	
Email Address			
Please Check One	☐ Deaf	☐ Hard of Hearing	☐ Hearing
Do you use American Sign Language?		☐ Yes	☐ No

EMPLOYMENT

Employer	
Job Title	

EDUCATION

Education	
Degree(s)	

MEMBERSHIP

Member/Officer of Organization(s)	1.)
	2.)
	3.)
	4.)

WHY DO YOU WANT TO BE A COMMISSIONER? Please explain below (use additional pages if necessary)

Please return this form to Commission on the Deaf and Hard of Hearing at the address below:

Department of Administration Building, One Capitol Hill, Ground Level, Providence, RI 02908-5850
(401) 256-5511 (Voice & Videophone) (401) 222-5736 (FAX)
E-mail: cdhh@cdhh.ri.gov Website: www.cdhh.ri.gov