Vacancy on RICDHH Board of Commissioners

Rhode Island Commission on the Deaf and Hard of Hearing

RICDHH BOARD IS NOW ACCEPTING APPLICATIONS FOR COMMISSIONERS:

- **ONE DEAF**
- **ONE DEAF WHO DOESN'T USE ASL**

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 Month 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.

***** This is a volunteer position.

Application Open Until Filled

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.MAIN@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 3/14)

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.main@cdhh.ri.gov Website: www.cdhh.ri.gov