



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	<input type="checkbox"/> Deaf	<input type="checkbox"/> Hard of Hearing	<input type="checkbox"/> Hearing
Do you use American Sign Language?	<input type="checkbox"/> Yes		<input type="checkbox"/> 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