RICDHH Board of Commissioners



Rhode Island Commission on the Deaf and Hard of Hearing

COMMISSIONER'S ROLES AND RESPONSIBILITIES:

(To check for any vacant Commissioner seats, please contact RICDHH)

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 <u>SECTION 23-1.8-1</u> online.

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)

^{*} This is a volunteer position.

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)

DEDCOMAL	INFORMATION
	INFORMATION
Nam	
Street Addres	ς <u> </u>
Cit	y
Stat	e Zip
Telephone (Home	Telephone (Work)
Email Addres	s
Please Check On	P Deaf Hard of Hearing Hearing
Do you use American	a Sign Language?
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: