



Commonwealth of Pennsylvania

ADVISORY COUNCIL FOR THE DEAF & HARD OF HEARING

APPLICATION FORM

Date of Application: _____

I. Provide the following:

Name * _____ SS# * _____ Date of Birth * _____

Address * _____

City _____ State _____ Zip _____

County of residence _____

Phone number _____

E-mail address _____

Hearing Status (select one) _____
_____ Hearing
_____ Hard of hearing
_____ Deaf

By law, the council is required to have 9 public members.
At least 4 of the public members must be deaf, or hard of hearing.

* Required by the Executive Office for all appointments made by the Governor.

II. Include the following information with this form:

- Explain your involvement with the deaf community, persons who are hard of hearing or late-deafened, and/or persons who are deaf-blind on a local, state, and national level.
- Briefly describe how your skills, & experiences match the role & responsibilities of Council
- Attach your resume

III. Mail your application packet to:

Office for the Deaf & Hard of Hearing
Advisory Council for the Deaf & Hard of Hearing
Attention: Dee Dee Keiser
1521 North Sixth Street
Harrisburg PA 17102

October 22, 2010