

**DEPARTMENT OF REHABILITATION DISABILITY ADVISORY COMMITTEE (DAC)
EMPLOYEE MEMBERSHIP APPLICATION**

Applicant Name: _____ **Job Title:** _____

Division: _____

Section/District: _____

Supervisor: _____

Disability Group Representing:

Even though applicants may represent more than one group, to ensure representation from all various disability groups, applicants will be selected to fill a specific seat on the DAC.

In the table below, indicate if you are a member or ally of a disability group. It is not the expectation that every applicant fill-in all boxes.

Disability Groups Needing Representation (member or ally)	
At Large Member/ Ally	Mental Behavioral
Blind/ Visually Impairment	Neurodivergent
Cognitive Impairment	Physical
Deaf/ Hard of Hearing	Respiratory Impairments
Heart/ Circulatory	Traumatic Brain Injury
Intellectual/ Developmental	Other
Learning	

Describe your background, how you can contribute, and your interest in and/or experience with disability issues that would relate to advocating for employees with disabilities on the DOR's DAC (up to 500 words):

Are you aware of anything that would affect your ability to commit 8 to 16 hours per month to DAC activities?

ENDORSEMENTS

I support this employee's membership on DAC and will allow appropriate workload adjustments so that this employee can devote 8 to 16 hours per month to DAC activities.

Supervisor's Signature: _____ Date: _____

Second Level Manager Signature: _____ Date: _____

Deputy Director Signature: _____ Date: _____