



# State Rehabilitation Council to the Bureau of Rehabilitation Services Application Form



Please complete your application by typing in your responses in the space provided and save this PDF to your computer. The completed application will need to be emailed to the contact provided at the bottom of the application along with all additional requested information.

Name of Nominee: \_\_\_\_\_

Home Address/City/Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Home E-Mail: \_\_\_\_\_

Employer: \_\_\_\_\_

Address/City/Zip: \_\_\_\_\_

Work Telephone: \_\_\_\_\_ Work E-Mail: \_\_\_\_\_

Name of the Nominator (if different than nominee): \_\_\_\_\_

Address/City/Zip: \_\_\_\_\_

Day Telephone: \_\_\_\_\_ Day E-Mail: \_\_\_\_\_

Please identify your race/ethnicity (voluntary).

- African-American*                      *Asian*                      *Caucasian*                      *Other*
- Multi-racial*                      *Hispanic/Spanish Speaking*                      *Native American/Alaskan*

The SRC membership must include representatives of the following categories:

- ❖ At least one representative each of the **Statewide Independent Living Council, the Parent Training and Information Center, the Client Assistance Program – CAP (Section 112), Community Rehabilitation Program service providers, the State Education Department, the State Workforce Investment Board, and Section 121 (Vocational Rehabilitation [VR] for Native Americans);**
- ❖ **A qualified vocational rehabilitation counselor;**
- ❖ Four representatives of **business, industry, and labor;**
- ❖ **Representatives of disability advocacy groups** representing physical, cognitive, sensory, and mental disabilities who have difficulty representing themselves; and
- ❖ **Current or former applicants or recipients** of VR services.

Which membership category is the most appropriate match for you? \_\_\_\_\_

*Please feel free to add extra pages to answer the following questions.*

Why are you interested in serving on the State Rehabilitation Council?  
What is your interest in vocational rehabilitation and the employment of persons with disabilities?

Please list any organizations in which you have held leadership positions, and your accomplishments while holding such positions:

Have you ever done legislative advocacy? If so, please describe your activities.

Do you have a disability? If so, please describe.

Have you ever been enrolled in the Bureau's Vocational Rehabilitation Program?

If you are employed, does your supervisor support your application for appointment to the State Rehabilitation Council?

## Statement of Commitment

"I, the undersigned, understand that the State Rehabilitation Council (SRC) is a working council which meets at least six times per year for the full Council and at other times for the committees, as needed. I also understand that I must work on an SRC committee, support legislative and public awareness campaigns, participate in the process to complete the BRS State Plan and the Comprehensive Statewide Needs Assessment (CSNA), and attend at least one public meeting, as scheduled. If appointed to the SRC, I will earnestly strive to meet these commitments."

Signed,

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(your name)

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(date)

IN ORDER FOR YOUR APPLICATION TO BE CONSIDERED, YOU MUST INCLUDE A RESUME.

You may attach any other information you feel would be valuable in evaluating your application. Please email all information to **Kerri Fradette**, at [kerri.fradette@ct.gov](mailto:kerri.fradette@ct.gov).

*Last Updated: March 2023*