



Pennsylvania Rehabilitation Council

1902 Market Street Camp Hill, PA 17011

voice (717)975-2004 or (888)250-5175 tty (888)559-2658 fax (888)524-9282
email racucpca@parac.org www.parac.org

APPOINTMENT REQUEST FORM

NAME		*SS #
* HOME ADDRESS (include geographic region – i.e. western PA, southeastern PA, etc.)		
PHONE	FAX	EMAIL (if applicable)
EMPLOYER (if applicable)		
ADDRESS		Underline the category/categories that you could represent on the council (underline as many as apply): State Independent Living Council (SILC) Individuals with Disabilities Act (IDEA) Client Assistance Program (CAP) OVR Customer (Past/Present) Human Resources Investment Council (HRIC) State Dept. Of Education Rehabilitation Counselor Community Rehab Provider Education Service Provider Business/Labor/Industry Physical Disability Cognitive Disability Sensory Disability Mental Illness Mental Retardation General Advocate
PHONE	FAX	
(responding to these questions is voluntary) ARE YOU: A PERSON WITH A DISABILITY? ___ YES ___ NO If Yes, Nature of Disability _____ A FAMILY MEMBER OF A PERSON W/ A DISABILITY? ___ YES ___ NO If Yes, Nature of Disability _____		
**ORGANIZATION REPRESENTING (if applicable)		
OTHER AFFILIATIONS/ORGANIZATIONS		
BRIEFLY DESCRIBE HOW YOUR SKILLS, EXPERIENCE, ETC. MATCH THE ROLE AND RESPONSIBILITIES OF THE REHABILITATION COUNCIL.		
SIGNATURE		DATE

****Please Attach a Resume or Brief Biography***

* This information is required by the Executive Office for all appointments made by the Governor.

** Please Note: RC appointments are by individual, not organization. Alternates may attend as members of the general public, however they may not vote on any action items.

Form revised 6/04.