

Advisory Committee on Accessibility to Communications

Appointee Application

If you are interested in being considered to serve on the Advisory Committee on Accessibility to communications services for people with disabilities **please complete this form and attach your resume.**

The Advisory Committee shall meet at least quarterly and shall make recommendations to the State 911 Department and the Department of Telecommunications and Cable on all matters of policy related to communication services and equipment for people with disabilities. There shall be twelve (12) persons with disabilities appointed by the governor and the term shall be three (3) years.

Please be advised that by applying for a position, you acknowledge the following:

- All submissions for appointments become public documents and therefore are open to public inspection.
- Background checks may be conducted.

Members of the Advisory Committee appointed by the governor shall be persons with a disability. Please indicate your disability(s)

Deaf Hard of Hearing Blind Low Vision Speech Mobility

Last Name: _____ First _____ MI _____

Address 1: _____

Address 2: _____

City: _____ State: MA Zip: _____

Contact Phone Number: _____ Voice TTY

Work Phone Number: _____ Voice TTY

Email: _____

Perspective represented:

(please check all that apply if you have multiple disabilities)

- Deaf/Deaf Community Deaf/Oral Deaf Late Deafened Blind
- Hard of Hearing Low Vision Mobility or Motor Skills Disability
- Speech Disability

Classification (please check all that apply)

- Consumer Senior Citizen Community of Color Cochlear Implant Recipient
- Secretary of Health & Human Services (or designee)
- Commissioner of the MA Commission for the Deaf & Hard of Hearing (or designee)
- Commissioner of the MA Commission for the Blind (or designee)
- Commissioner of the MA Rehabilitation Commission (or designee)
- Director of the MA Office on Disability (or designee)
- Other: _____

Language Preference: English ASL Other _____

Describe your personal experience with MassRelay, specialized equipment distribution, and E-911. Are you a user of one or more of these services?

Signature _____ Date _____