

**MEMBER APPLICATION
FOR THE
STATE REHABILITATION COUNCIL**

1. Personal Information:

NAME _____

ADDRESS _____

CITY/ZIP _____

PHONE: HOME _____ WORK _____ CELL _____

E-MAIL ADDRESS _____

OCCUPATION _____

EMPLOYER NAME _____

EMPLOYER ADDRESS _____

US CITIZEN: Yes No

NORTH DAKOTA RESIDENT: Yes No

EDUCATION

School	Degree	Year	Subject

Memberships/Organizations and Duties Held:

2. Please describe your special skills and qualifications.

3. List your volunteer activities and indicate if past or present.

4. Briefly describe your involvement with people with disabilities.

5. What interests you about being a member of the Governor's State Rehabilitation Council?

6. What do you plan to bring to the Council?

7. Briefly describe your awareness of the rehabilitation needs of individuals with disabilities and how do you see the Council addressing those needs.

8. What role do you see Vocational Rehabilitation playing in assisting businesses in finding solutions to their disability-related issues?

9. Disability Representation (self disclosure):

Federal regulations require that a majority (51%) of Council members shall be individuals with disabilities. An individual with a disability, means an individual -

- Who has a physical or mental impairment that substantially limits one or more major life activities;
- Who has a record of such an impairment; or
- Who is regarded as having such an impairment.

Do you wish to represent the 51% of membership with a disability? ___ **Yes** ___ **No**

10. Member Composition:

The Council is made up of specific mandated positions. Please put an 'X' next to the position(s) you could potentially represent on the Council.

More than one may apply.

- ___ Applicant or Recipient of Vocational Rehabilitation
- ___ Business/Industry/Labor
- ___ Client Assistance Program
- ___ Community Rehabilitation Provider
- ___ Department of Public Instruction – Special Education
- ___ Disability Advocacy Group Advocate
- ___ Parent Training and Information
- ___ State Workforce Investment Act
- ___ Statewide Independent Living Council
- ___ 121 American Indian Vocational Rehabilitation Services
- ___ Vocational Rehabilitation Counselor

The Council will make recommendation for the position based on composition needed at the time of your application.

11. Member Responsibilities:

The Council must, by law, convene at least four meetings per year. Meetings are scheduled during the months of January, April, July, and October. In addition, each Council member will be assigned to serve on at least one committee. Please indicate your willingness to accept these responsibilities.

I am willing to attend all regularly scheduled Council meetings. ___ **Yes** ___ **No**

I am willing to accept committee assignments which can require a time commitment of approximately 5 hours per month. ___ **Yes** ___ **No**

12. Briefly describe any special accommodations you may require to actively participate in this Council.

13. Any additional information you would like to share regarding yourself.

14. References: (list three persons, not related to you, whom you have known for at least one year.)

NAME _____

ADDRESS _____

PHONE NUMBER _____

YEARS ACQUAINTED _____

NAME _____

ADDRESS _____

PHONE NUMBER _____

YEARS ACQUAINTED _____

NAME _____
ADDRESS _____
PHONE NUMBER _____
YEARS ACQUAINTED _____

I certify that the facts contained in this application are true and correct to the best of my knowledge. I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my qualifications and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damages that may result from furnishing the same to you.

Signature Date

Return this form to:

Division of Vocational Rehabilitation
Attn: SRC Liaison
1000 East Divide Ave
Bismarck, ND 58501

Or Fax to: 701-328-1884
Attn: SRC Liaison
Email: bburghart@nd.gov

.....
PROCESS FOR APPOINTMENT

For diversity in applicants and integrity of the process, the SRC will seek two to three applicants for each open position that is not specifically designated. References will be checked and a recommendation will be made to the Governor's Office.

The submission of your application DOES NOT guarantee your appointment. The Governor has the final decision and you will receive communication from the Governor's Office once a decision has been made.

Please expect this process to take at least six months to even a year from time of application to the actual appointment decision by the Governor.