



APPLICATION FOR COMMISSION ON REHABILITATION SERVICES

State Form 54249 (4-10)

- INSTRUCTIONS:**
- Please attach your resume and/or any other pertinent information. Include the following on your resume:
 - Educational history: Name and city of educational institution, dates attended, area of study, degree obtained (if any).
 - Employment history: Name, mailing address, job title, duties performed, dates of employment, contact name (e.g., immediate supervisor), and telephone number with area code.
 - Volunteer / non-paid employment history: Name, mailing address, volunteer title, duties performed, dates of volunteering, contact name (e.g., immediate supervisor), and telephone number with area code.
 - Disability / advocacy-related training: Name, mailing address and telephone number of organization sponsoring training, name of training, and dates of training.
 - Membership in disability / advocacy-related organizations: Offices held, committee assignments, description of activities performed, and dates for each.
 - Three (3) references (other than contact names provided above): name, mailing address, contact telephone number, and how you know them.
 - Mail your completed application, resume and any attachments to Bureau of Rehabilitation Services, Attention: VRS Commission Staff Member, 402 West Washington Street, Room W453, P.O. Box 7083, Indianapolis, IN 46207-7083.
 - If you have any questions about this application or the Commission on Rehabilitation Services, please call (800) 545-7763 or e-mail vrcommission@fssa.in.gov.

NOTE: This application is available in alternate formats upon request.

Upon request, the Commission can provide accommodations that are necessary for you to participate in or attend meetings including: wheelchair access, ASL interpreters, attendant care, Braille, large print, cassette tape, etc.

Name		County
Address (number and street, city, state, and ZIP code)		
Home telephone number ()	Home fax number ()	Home e-mail address
Work telephone number ()	Work fax number ()	Work e-mail address
Are you a person with a disability? If so, please indicate your disability below <input type="checkbox"/> Mental Health <input type="checkbox"/> Deaf / Hard of Hearing <input type="checkbox"/> Cognitive <input type="checkbox"/> Mobility <input type="checkbox"/> Blind / Visually Impaired <input type="checkbox"/> Neurological		Are you a parent or sibling of a person with a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No
Please tell us how you learned about the Commission on Rehabilitation Services and if you have had involvement with the Commission in the past.		
Are you able to perform the duties of a member and make a commitment to attend a minimum of one (1) regularly scheduled all-day meeting five (5) times per year? <input type="checkbox"/> Yes <input type="checkbox"/> No	If you were to be appointed to the Commission, how soon would you be available to begin serving on the Commission?	
What do you believe are the most important issues facing people with disabilities today?		
Please tell us a little about yourself and why you would like to be appointed to the Commission on Rehabilitation Services?		
I hereby give permission for the Commission on Rehabilitation Services to contact any volunteer or advocacy organizations, and references.		
Signature		Date (month, day, year)