MassMATCH Advisory Council
Membership Nomination Form

# Please return this form to MRC. You may send your responses by mail, e-mail or fax; or you can call us and we will complete a form by phone on your behalf. Thank you!

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/Town: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_□ Voice/ TTY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax

Best day/time to contact you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please help us by answering the confidential questions below:**

How did you hear about the Advisory Council?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is it that makes you want to join the Advisory Council?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please tell us about your personal experience with assistive technology, whether for yourself or a family member.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Would you be available to attend Advisory Council meetings, in-person or by phone, at least three or four times annually? If your answer is No, how best can you participate/serve?

□ Yes □ No □ Other

The Advisory Council has a number of issue specific committees. Please check those that may interest you:

* + - AT in Employment
		- AT in Elementary/Secondary Education
		- AT in Youth Transition
		- AT in Transition from Institutional to Community Living
		- AT in Higher Education
		- Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We are looking for other individuals who could contribute to the Advisory Council. If you would like to nominate someone, please share their contact information with us: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## REQUIRED COMPOSITION OF THE AT ACT ADVISORY COUNCIL

At least 51% of the members of the Advisory Council must be individuals with disabilities who use assistive technology or the family members or guardians of individuals with disabilities who use AT.

The Advisory Council is also required to include representatives of the MA Rehabilitation Commission (MRC), MA Commission for the Blind (MCB), Independent Living Centers (ILCs), MA Workforce Investment Board (WIB), MA Department of Elementary and Secondary Education (DESE), or other state agencies or private organizations. These appointed members do not count towards the 51% consumer/family majority, even if they have a disability.

**Please check which of the following apply to you:**

* A person who has a disability and uses AT
* A family member or guardian of a person who has a disability and uses AT
* Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Advisory Council must reflect the diversity of Massachusetts with respect to geography, race/ethnicity, gender, age, and type(s) of disability.

**Please check ONLY ONE choice in each of the following sections. Use the COMMENTS Section to provide details, as needed.** *(Please note that the demographic information requested below is not required)*

**Age**

|  |  |
| --- | --- |
|  Age 24 or under |  |
|  Age 25-40 |  |
| Age 41-59 |  |
| Age 60 and older |  |

**Gender**

|  |  |
| --- | --- |
| Female |  |
| Male |  |
| Prefer not to disclose |  |
| Other |  |

## Race and Ethnicity

|  |  |
| --- | --- |
| American Indian or Alaska Native |  |
| Asian |  |
| Black or African American |  |
| Native Hawaiian or Other Pacific Islander |  |
| White |  |
| Hispanic/Latino |  |
| Two or More Races |  |
| Choose Not to Disclose |  |

**Disability (consumer or family rep)**

|  |  |
| --- | --- |
| Cognitive |  |
| Mental/Emotional |  |
| Physical |  |
| Hearing |  |
| Speech |  |
| Vision |  |
| Multiple  |  |
| Other |  |

|  |
| --- |
| **COMMENTS:** |

Term length for MassMATCH Advisory Council Members is 3 years, with an option to extend for one additional year. Members of the Advisory Council receive no compensation for their service on the Council but shall be reimbursed for reasonable and necessary expenses related to their membership on the Council.

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please mail, fax, or scan/email completed Nomination Form to:

ATTN: Kobena Bonney, MassMATCH Program Coordinator

Massachusetts Rehabilitation Commission

600 Washington Street, 2nd Floor, Boston, MA 02111

Phone: (617) 204-3826; Fax: (617) 204-3877; Email: info@massmatch.org

***For Official Use Only:***

|  |  |
| --- | --- |
| *Date of Appointment:* |  |
| *Eligibility Start Date:* |  |
| *Term End Date:* |  |