



Application Form for Equipment Program Advisory Committee (EPAC) or Telecommunications Access for the Deaf and Disabled Administrative Committee (TADDAC)

Application Instructions

- Answer all required questions.
- Include a current résumé or a list of skills and experiences.
- **Optional:** Include a cover letter stating your interest in serving on the selected committee. On the cover letter, answer the following questions:
 - Please describe your activities in the disability community you are applying to represent.
 - Please describe any professional, administrative, or technical expertise applicable to serving California Connect advisory committees
- **Optional:** Include one letter of recommendation from your represented community or community-based organization. Current committee members or CPUC Staff may not write or provide letters of recommendation for candidates.
- Email the application and resume to committees@caconnect.org.

Required Qualifications for all Candidates:

1. Primary residence in California.
2. Able to represent one of the listed disability groups on this application or experience working with a disability group.
3. Work constructively with members of other disability communities.

Qualifications specific to TADDAC:

1. Have knowledge of telecommunications equipment and relay services for people with hearing, vision, movement, speech, and cognition disabilities
2. Have professional experience in an administrative and/or budgetary capacity.

Qualifications specific to EPAC:

1. Have professional or technical expertise relevant to the evaluation, monitoring, and recommendation of technologies for the equipment distribution program.

If you have any questions, please contact committees@caconnect.org.

Section I – Personal Information

- **Full Name:**
- **Primary Address:**
- **Phone/VP number:**
- **Email Address:**

Section II – Committee Seat Information

Which committee are you applying for: EPAC TADDAC

Please select the open Committee Seat you are applying to represent:

EPAC	TADDAC
<input type="checkbox"/> Disability Representative I <input type="checkbox"/> Disability Representative III <input type="checkbox"/> Disability Representative IV	<input type="checkbox"/> Hard-of-Hearing <input type="checkbox"/> Disability I – Mobility <input type="checkbox"/> Disability II – Speech-to-Speech <input type="checkbox"/> Disability III – Blind/Low Vision <input type="checkbox"/> Disability Representative IV <input type="checkbox"/> Disability Representative V <input type="checkbox"/> Late Deafened <input type="checkbox"/> At-Large

Please check the constituency group that you are applying to represent:

<input type="checkbox"/> Blind <input type="checkbox"/> Cognitive <input type="checkbox"/> Deaf <input type="checkbox"/> DeafBlind	<input type="checkbox"/> Hard of Hearing <input type="checkbox"/> Late Deafened <input type="checkbox"/> Low-Vision <input type="checkbox"/> Senior	<input type="checkbox"/> Speech-to-Speech <input type="checkbox"/> Youth <input type="checkbox"/> At Large (please specify):
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