

Application Form
Pennsylvania Telecommunications Relay Service Advisory Board
M-00900239

PLEASE COMPLETE (Print or Type)

Date of Application: _____

Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

County of Residence: _____ **Phone Number:** () - _____

Email: _____ **VRS:** _____

How would you identify yourself (please check one):

- | | |
|---|---|
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Deafblind |
| <input type="checkbox"/> Hard of Hearing | <input type="checkbox"/> Speech impaired |
| <input type="checkbox"/> Deaf | <input type="checkbox"/> Recipient of a telephone from
Telecommunications Device
Distribution Program (TDDP) |

(By order, at Docket No. M-00900239 entered May 29, 1990, The TRS Board must consist of members from hearing and speech impaired communities.)

Have you used any of the following: (Check all that apply.)

- Relay
- Speech to speech relay
- Captioned Telephone
- Other

Have you read and understand the Board's Bylaws (link)? **Yes** **No**

On a separate sheet of paper (to be sent with the application form) information as follows:

- **Briefly describe why you are interested in joining this Board.**
- **Briefly describe your skills and experiences that match the purpose and responsibilities of the Board.**
- **Briefly describe what you expect to gain from being a member of this Board.**
- **Explain your current involvement with the community you represent, and how you best represent the people who are D/deaf, deafblind, hard of hearing, have speech disabilities or other disabilities that make telephone access difficult.**
- **Please attach a copy of your resume and a letter of recommendation.**

Email your application packet to: Denise McCracken, Public Utility Commission Office of Communications at demccracken@pa.gov. or mail to her attention at Pennsylvania Public Utility Commission, 400 North Street, Harrisburg, PA 17120.