**Application Form**

**For**

**Pennsylvania Telecommunications Relay Service Advisory Board**

**M-00900239**

Date of Application: ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Provide the Following:**

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

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

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_

County of Residence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: (\_\_\_\_)\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_

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

How would you identify yourself (please check one):

 \_\_\_\_\_\_ Hearing

 \_\_\_\_\_\_Hard of Hearing

 \_\_\_\_\_\_ Deaf

\_\_\_\_\_\_ Deaf/Blind

\_\_\_\_\_\_ Speech Impaired

(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 ever used TRS Services (check which applies): \_\_\_\_\_\_ Yes \_\_\_\_\_\_ No

If yes, please list any services you have used: ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Have you read and understand the Board’s By-Laws ? \_\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_ No

**Include the following information, on a separate sheet of paper, with this application and please limit responses to a couple of sentences:**

* Briefly describe why you are interested in joining this Board.
* Briefly describe your skills or 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 involvement, describe the benefit the community you represent would gain from membership to this Board, and how you best represent the deaf, speech impaired, deaf blind or hard of hearing community.
* Please attach a copy of your resume and a letter of recommendation.

**Mail your application packet to:** Ms. Rosemary Chiavetta, Secretary, Pennsylvania Public Utility Commission, P.O. Box 3265, Harrisburg, PA 17105-3265.