

**ADVISORY COUNCIL FOR  
THE DEAF & HARD OF HEARING APPLICATION  
FORM**

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

**I. Provide the following:**

Name \* \_\_\_\_\_

Date of Birth \* \_\_\_\_\_

Address \* \_\_\_\_\_

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

County of residence \_\_\_\_\_

Phone number \_\_\_\_\_

Email address \_\_\_\_\_

Hearing Status (select one)

- Hearing  
 Hard of hearing  
 Deaf  
 Deafblind

By law, the council is required to have 9 public members.  
At least 4 of the public members must be deaf or hard of hearing.

\* Required by the Executive Office for all appointments made by the Governor.

**II. Include the following information with this form:**

- o Explain your involvement with the deaf community, persons who are hard of hearing or late-deafened, and/or persons who are deafblind on a local, state and national level.
- o Briefly describe how your skills & experiences match the role & responsibilities of the Council.
- o Attach your resume.

**III. Mail or email your application packet to:**

Office for the Deaf & Hard of Hearing  
Advisory Council for the Deaf & Hard of Hearing  
Attention: Dee Dee Keiser  
651 Boas Street, Room 700  
Harrisburg, PA 17121