



State Rehabilitation Council Nominee Information

If you or someone you know would like to be a member of the SRC, please provide the following information:

Name: _____ Date: _____

Address: _____ Phone: (____) _____
Street Address

City and zip code Email: _____

I. Please review the responsibilities of the SRC below:

- Review, analyze and advise the Vocational Rehabilitation (VR) program on its performance and the effectiveness of VR services.
- Collaborate with VR to develop and review state goals and priorities.
- Assist with conducting the comprehensive statewide needs assessment for the VR State Plan;
- Evaluate consumer satisfaction with VR services and employment outcomes achieved through VR services.
- Prepare an annual report on the status of the VR program.
- Conduct open and accessible forums and public hearings; and
- Participate in SRC meetings that are held quarterly in different parts of the state and sometimes by teleconference. Meetings may be held during the week for one to two full days, plus travel time. SRC members are reimbursed for expenses to attend meetings.

II. Would you be able to attend the quarterly meetings (with or without reasonable accommodations) and carry out the SRC responsibilities?

☐ YES ☐ NO (Explain if No) _____

III. Since the SRC is required to have a majority of members who are individuals with disabilities, please indicate if you have any of the following types of disability (check all that apply):

_____ Hearing _____ Vision _____ Deaf-Blind _____ Physical
_____ Cognitive _____ Mental _____ Other (Please explain)

Are you a family member of a person with a disability? ☐ YES ☐ NO

If yes, please describe: _____

IV. The SRC strives to be diverse, so it would be helpful if you would provide the following information:

Race: _____ Gender: _____ Occupation: _____

Employer: (if applicable) _____

Do you live in a rural or urban area? _____

V. If available, please attach a biography, resume, vita, and/or other summary of experiences, accomplishments, and key interests and abilities you would bring to the Council as an advocate for persons with disabilities desiring meaningful work and independence. Use the space below to communicate your motivation for serving on the SRC and how you feel you will be most able to contribute to the mission of the SRC.

A telephone or in-person interview will be arranged once your information is received. Your interest in serving is appreciated very much. Please return the completed information either by mail or e-mail to the attention of **Xavier Jennings** at:

Georgia Vocational Rehabilitation Agency
200 Piedmont Avenue, SE ▪ West Tower ▪ 13th Floor
Atlanta, GA 30334
Phone: 470-371-5630
Xavier.Jennings@gvs.ga.gov