



California Telephone Access Program  
www.ddtp.org



Speech  
To  
Speech  
California Relay Service  
*The power to connect us all.*

Programs of the California Public Utilities Commission  
Deaf and Disabled Telecommunications Program

## Application Form for Consumer Representatives to TADDAC and/or EPAC

### SECTION I—PERSONAL INFORMATION

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

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

Phone: Home: \_\_\_\_\_ Office: \_\_\_\_\_

TTY: Home: \_\_\_\_\_ Office: \_\_\_\_\_

VP: Home: \_\_\_\_\_ Office: \_\_\_\_\_

Wireless Number: \_\_\_\_\_

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

Are you a California Resident? Yes \_\_\_\_\_ No \_\_\_\_\_

Geographic Region ( please check only one):

- \_\_\_\_\_ San Diego/Imperial Counties
- \_\_\_\_\_ Riverside/San Bernardino Counties
- \_\_\_\_\_ Los Angeles/Orange Counties
- \_\_\_\_\_ Santa Barbara/Ventura Counties
- \_\_\_\_\_ Central Valley (Sacramento)
- \_\_\_\_\_ Central Coast (Monterey and San Luis Obispo Counties)
- \_\_\_\_\_ Bay Area (8 Counties)
- \_\_\_\_\_ Eastern Sierra Nevada
- \_\_\_\_\_ Western Sierra Nevada
- \_\_\_\_\_ Northern Coast (Mendocino-Eureka)
- \_\_\_\_\_ Far Northern (Redding, Yreka)

Are you available by e-mail daily?

Yes \_\_\_\_\_ No \_\_\_\_\_

Are you available by wireless, phone, TTY, or CRS daily?

Yes \_\_\_\_\_ No \_\_\_\_\_

Highest Level of Education Completed and Degree Earned:

Less than High School \_\_\_\_\_  
High School \_\_\_\_\_  
2-Year College \_\_\_\_\_  
4-Year College \_\_\_\_\_  
Graduate \_\_\_\_\_  
Post-Graduate \_\_\_\_\_

Major Areas of Study:

\_\_\_\_\_

Other Certifications:

\_\_\_\_\_

**SECTION II—CONSUMER SEAT INFORMATION**

Please check the Committee for which you are applying:

TADDAC \_\_\_\_\_ EPAC \_\_\_\_\_

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

\_\_\_\_\_ Deaf                      \_\_\_\_\_ Low Vision                      \_\_\_\_\_ Late Deafened  
\_\_\_\_\_ Senior                      \_\_\_\_\_ Hard of Hearing                      \_\_\_\_\_ Cognitive  
\_\_\_\_\_ Mobility Impaired                      \_\_\_\_\_ Disabled                      \_\_\_\_\_ Speech Disabled  
\_\_\_\_\_ Blind                      \_\_\_\_\_ Deaf-Blind                      \_\_\_\_\_ Speech-to-Speech  
\_\_\_\_\_ User of Spanish DDTP Services                      \_\_\_\_\_ Veteran/Service Member

Please list any additional disabilities you may have (optional):

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**Do you have any relationships with vendors to the DDTP?**

(Current DDTP Vendors and Contractors include: California Communication Access Foundation (CCAF), TMD Group, Communication Service for the Deaf (CSD), Mission Consulting, AT&T, Hamilton Relay, International Effectiveness Center (IEC), T-Base Communications, Clarity, AFCO Electronics ITN, Inc., Compu-TTY, Inc., Griffin Laboratories, Harris Communications, Inc., HB Distributors, HiTec/Clearsounds, Inc., Luminaud, Inc., Plantronics, and Weitbecht Communications.)

\_\_\_\_\_ No      \_\_\_\_\_ Yes (please explain)

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**Languages:**

*(S) Spoken and/or (W) Written*

**Please Circle All Appropriate Answers:**

English	<u>S/W</u>	Spanish	<u>S/W</u>	French	<u>S/W</u>
Mandarin	<u>S/W</u>	Cantonese	<u>S/W</u>	Hmong	<u>S/W</u>
Japanese	<u>S/W</u>	Tagalong	<u>S/W</u>	Korean	<u>S/W</u>
Russian	<u>S/W</u>	Armenian	<u>S/W</u>	Vietnamese	<u>S/W</u>

ASL \_\_\_\_\_ Braille \_\_\_\_\_ Other \_\_\_\_\_

**Are you a Foreign Language User of CRS?** \_\_\_\_\_

**What Memberships or Affiliations do you have in the disability community you are applying to represent?**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**Please describe your activities in the disability community you are applying to represent:** *(Please use separate page if necessary.)*

**Please describe any professional, administrative, or technical expertise applicable to serving the DDTP:** *(Please use separate page if necessary.)*

**Which telephone equipment or relay service do you use on a regular basis?**

***California Relay Services (CRS):***

***Equipment:***

Voice to TTY \_\_\_\_\_  
TTY to Voice \_\_\_\_\_  
VCO (Voice Carry Over) \_\_\_\_\_  
HCO (Hearing Carry Over) \_\_\_\_\_  
STS (Speech-to-Speech) \_\_\_\_\_  
CapTel \_\_\_\_\_  
Spanish CapTel \_\_\_\_\_  
Spanish Relay \_\_\_\_\_  
VRS (Video Relay Service) \_\_\_\_\_  
IP Relay \_\_\_\_\_  
Web CapTel \_\_\_\_\_

TTY \_\_\_\_\_  
Artificial Larynx \_\_\_\_\_  
Amplified Phone \_\_\_\_\_  
Cordless Phone \_\_\_\_\_  
Headset \_\_\_\_\_  
Picture Phone \_\_\_\_\_  
Voice Carry Over Phone \_\_\_\_\_  
Speaker Phone \_\_\_\_\_  
Signal Alert \_\_\_\_\_  
Large Visual Display \_\_\_\_\_  
Braille TTY \_\_\_\_\_  
Fax Machine \_\_\_\_\_  
Speech Amplifier \_\_\_\_\_  
CapTel Phone \_\_\_\_\_

Other (please describe) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION III—CERTIFICATION**

**My signature certifies that the above information is given accurately to the best of my ability:**

**PRINT NAME:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

## **Application Instructions:**

- Complete all questions and sign the application.
- Include a cover letter stating your interest in serving on the selected Committee.
- Include a current résumé.
- If you belong to a community based organization, you are strongly encouraged to include one or two letters of recommendation from the represented community based organization. (Current committee members may not write or provide letters of recommendation for candidates.) Two letters of recommendation are preferred.

Applications may have a rolling deadline.

### **Mail Completed and Signed Application Package to:**

Committee Coordinator  
Deaf and Disabled Telecommunications Program (DDTP)  
1333 Broadway, Suite 500  
Oakland, California 94612

Or Fax Application to: (510) 271-8234.

Or Email Application to: pemerson@ddtp.org

Interviews will be held at DDTP office in Oakland, CA.  
Travel expenses for interviews will be paid for by the DDTP.

If you have any questions, please contact:

Committee Coordinator  
Voice: (510) 302-1147  
TTY: (510) 302-1150 (Front Desk)  
Email: pemerson@ddtp.org

### **Required Qualifications for all Candidates:**

1. Reside in California.
2. Use DDTP program services and/or equipment.
3. Have a disability from one or more of the listed disability groups on application or experience working with a disability group.
4. Work constructively with members of other disability communities in advising the DDTP.

Qualifications specific to TADDAC:

1. Have knowledge of the telecommunications industry.
2. Have professional experience in an administrative and/or budgetary capacity.
3. Be a regular user of the California Relay Service and/or Spanish Relay Service.
4. Be familiar with telecommunications technology.

Qualifications specific to EPAC:

1. Be a regular user of the DDTP program equipment.
2. Have professional or technical expertise relevant to the evaluation and monitoring of the equipment distribution program.

**Terms of Service:**

- Members are expected to attend all Committee meetings.
- The term of appointment is for 4 years, unless otherwise advertised.
- Representatives are paid an honorarium of up to \$325 per full-day meeting. Expenses incurred for attending the meeting are reimbursed.
- Members cannot be employed by or represent the interests of vendors or distributors who provide or may in the future provide goods or services to the DDTP.
- Members cannot accept gifts of \$250 or more from any single vendor of goods or services to the DDTP.
- If selected to serve on a Committee, nominees will be required to complete a Conflict of Interest form, and are required to disclose relationships with the DDTP vendors.

**Committee Member Responsibilities:**

Committee members that serve on TADDAC and/or EPAC are expected to maintain a level of involvement and communication as outlined below:

- Read the Committee Meeting Binder prior to attending the monthly meeting.
- Be prepared for discussion based upon the Agenda and contents of that Binder.
- Become familiar with the Bagley-Keene Open Meeting Act, Roberts Rules of Order and general Parliamentary Procedure. (These materials will be provided.)
- Be available to communicate via email daily as needed.
- Be available to communicate via teleconference as needed.
- Willingness to compose correspondence to the other Committees, the CPUC, or other designated recipients upon request.
- Willingness to attend occasional extra meetings without per diem payment, with only travel expenses reimbursed.
- File a Conflict-of-Interest form with the CPUC and abide by the rules therein.
- Stay current on issues relating to the DDTP matters, in relation to your constituency group and respective Committee.