MassMATCH Advisory Council   
Membership Nomination Form

# Directions: Please complete and return this form to MRC. You may send your responses by email by sending your completed form as an attachment to info@massmatch.org or you can call us at (617) 204-3826 and we will complete a form by phone on your behalf. Thank you!

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

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

City/Town: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Voice/ TTY

Best day/time to contact you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please help us by answering the questions below:**

**How did you hear about the MassMATCH Advisory Council?**

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**What is it that makes you want to join the Advisory Council?**

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**Please tell us about your personal or professional experience with assistive technology, whether for yourself, a family member or colleague.**

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**Please check which of the following apply to you:** *Please note- the Assistive Technology Act requires that the MassMATCH Council have diverse representation of individuals with disabilities who are AT users, as well as representatives from certain state agencies.*

A person who has a disability and uses AT

A family member or guardian of a person who has a disability and uses AT

Representative from a State Agency- Please Describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Representative of the MA Workforce Investment Board

Representative of a Private Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other- Please Describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Attendance Requirements:** Advisory Council members currently meet for one hour per month on Zoom. The expectation is that council members can attend and actively participate in most meetings. Are you able to commit to attending most monthly meetings?

Yes  No

**Term Limits:** The current term length for MassMATCH Advisory Council Members is 2 years, with an option to extend for one additional year. The expectation is that council members can participate for up to 2 years. Are you able to commit participating for up to two years?

Yes  No

**Areas of Interest:** The Advisory Council has several specific areas of interest. Please check those that may interest you:

AT in Employment

AT in Elementary/Secondary Education

AT in Youth Transition

AT in Transition from Institutional to Community Living

AT in Higher Education

Other: Click or tap here to enter text.

**Please check ONLY ONE choice in each of the following sections. Use the COMMENTS Section to provide details, as needed.** *(Please note that the demographic information requested below is not required but it helps us to ensure the council is diverse and representative of our State)*

**What is your age?**

Age 24 or under

Age 25-40

Age 41-59

Age 60 and older

**What is your gender identity?**

## Man

## Woman

## Trans Man

## Trans Woman

## Genderqueer, agender, or another non-binary identity

## Other, please describe Click or tap here to enter text.

## What is your race?

## White

Black or African American (includes Black Caribbean and African immigrant)

Native American/American Indian/Alaskan Native

Asian

Pacific Islander

Hispanic or Latinx

Multi-racial/bi-racial, please describe

**Ethnicity**

**Are you a person of Hispanic, Latinx, or Spanish Origin?**

No, not of Hispanic, Latinx or Spanish origin

Yes, Mexican, Mexican Am, Chicano/a/x

Yes, Puerto Rican

Yes, Cuban

Yes, another Hispanic, Latino/a/x, or Spanish origin (Salvadoran, Dominican, Colombian, Spaniard, Ecuadorian etc.)

Other, please describe: Click or tap here to enter text.

**What is your preferred written language?**

English

Spanish

Portuguese

Traditional Chinese

Simplified Chinese

Khmer

Haitian Creole

French

American Sign Language

Other, please specify: Click or tap here to enter text.

**What is your preferred spoken language?**

English

Spanish

Portuguese

Cantonese

Mandarin

Khmer

Haitian

French

American Sign language

Other, please specify:Click or tap here to enter text.

**Please select one or more of the disabilities you experience using the list below.**

Mental health diagnosis/es

Intellectual or developmental disability

Severe/physical disability

Brain injury

Substance use disorder (SUD)

Vision Impairment

Deaf or hard of hearing

Autism spectrum disorder

Chronic or terminal health condition

No disability

Other please describe: Click or tap here to enter text.

**Geographic Location**

**Please select the region of the state in which you reside.**

Greater Boston

Northern

Central

Southern

Western

If you are unsure, please enter your zip codeClick or tap here to enter text.

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please mail, or email completed Nomination Form to:

ATTN: Kobena Bonney, MassMATCH Program Coordinator

Massachusetts Rehabilitation Commission

600 Washington Street, 2nd Floor, Boston, MA 02111

Phone: (617) 204-3826; Fax: (617) 204-3877; Email: info@massmatch.org

***For Official Use Only:***

|  |  |
| --- | --- |
| *Date of Appointment:* |  |
| *Eligibility Start Date:* |  |
| *Term End Date:* |  |