

**APPLICATION FORM
ADVISORY COMMITTEE -
OFFICE OF CLIENTS' RIGHTS ADVOCACY**

1. Why do you want to serve on OCRA's Advisory Committee?

2. What are your qualifications to serve on the Committee?

3. Please tell us what you know about the issues affecting people with developmental disabilities.

4. Briefly state a few goals that you would be interested in seeing OCRA achieve.

NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

EMAIL ADDRESS (IF AVAILABLE) _____

You may submit additional pages, your resume, letters of reference or endorsements from organizations that support your application, and any other information that you desire in support of your application.

OCRA will review all applications and forward the names of eligible candidates to Protection and Advocacy's Board of Directors.

RETURN COMPLETED FORM TO:

Jeanne Molineaux, Director
Office of Clients' Rights Advocacy
100 Howe Avenue, #240N
Sacramento, CA 95825
1-800-390-7032