



# Pennsylvania Rehabilitation Council (PaRC)

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Email: [parc@parehabilitationcouncil.org](mailto:parc@parehabilitationcouncil.org) Website: [parac.org](http://parac.org)

- APPOINTMENT REQUEST FORM**  
 **REAPPOINTMENT REQUEST FORM**

NAME

HOME ADDRESS

HOME PHONE/CELL PHONE

HOME EMAIL

EMPLOYER (if applicable)

EMPLOYER ADDRESS

EMPLOYER PHONE

EMPLOYER EMAIL

Check the category/categories that you could represent on the council (check as many as apply):

- State Independent Living Council (SILC)
- Individuals with Disabilities Act (IDEA)
- Client Assistance Program (CAP)
- OVR Customer (Past/Present)
- Human Resources Investment Council (HRIC)
- State Dept. Of Education – Bureau of Special Education
- Rehabilitation Counselor
- Community Rehab Provider
- Education Service Provider
- Business/Labor/Industry
- Physical Disability
- Cognitive Disability
- Sensory Disability
- Mental Disability
- Intellectual Disability
- General Advocate
- Young Adult
- Veteran with a disability
- State Workforce Development Board

KEY AFFILIATIONS AND ORGANIZATION REPRESENTATION

BRIEFLY DESCRIBE HOW YOUR SKILLS, EXPERIENCE, ETC. MATCH THE ROLE AND RESPONSIBILITIES OF THE REHABILITATION COUNCIL

SIGNATURE

DATE

**\*Please Attach a Resume or Brief Biography and two written references. Documents should be emailed to [parc@parehabilitationcouncil.org](mailto:parc@parehabilitationcouncil.org).**

Form revised 04/22