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**DISABILITY RIGHTS CENTER**  
**Protection and Advocacy for Traumatic Brain Injury Advisory Council**  
**(PATBI/AC) Application**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (h) \_\_\_\_\_ Cell \_\_\_\_\_

Occupation \_\_\_\_\_

Phone (w) \_\_\_\_\_ Fax \_\_\_\_\_

Agency/Company \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

In order to achieve diversity and comprehensive representation of the DRC PATBI Advisory Council, we would appreciate your response to the following:

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

How would you describe yourself?

Asian \_\_\_\_\_

Black, not Hispanic/Latino Origin \_\_\_\_\_

Hispanic \_\_\_\_\_

North American Indian or Alaskan Native \_\_\_\_\_

Pacific Islander \_\_\_\_\_

White, not of Hispanic/Latino Origin \_\_\_\_\_

Multicultural (Identified with more than one of the above) \_\_\_\_\_

Other \_\_\_\_\_

Date of Birth \_\_\_\_\_

Do you have a disability? \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, please specify disability \_\_\_\_\_

Are you a parent of a person/child with a disability? \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, please specify disability and age \_\_\_\_\_

1. What experience have you had with people with disabilities and/or with families of people with disabilities? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What experiences have you had serving on community board, advisory councils or committees? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Would you commit to attend quarterly DRC Advisory Council meeting of approximately four hours on a Saturday in Little Rock? (mileage will be paid) \_\_\_\_\_

4. What is your major interest in serving on the Advisory Council of Disability Rights Center? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Why do you think you are a good candidate for this advisory council? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Call if you need further information about Disability Rights Center or the application process.

Please return to:  
Disability Rights Center  
PABTBI/AC APPLICATIONS  
1100 North University, Suite 201  
Little Rock, AR 72207  
501-296-1775 V/TTY  
800-482-1174 V/TTY  
FAX: 501-296-1779