

## Application for the Purchasing from People with Disabilities (PPD) Advisory Committee (AC)

Thank you for your interest in serving on the PPD Advisory Committee. The duties of the PPD AC members are contained in Texas Human Resources Code, Chapter 122.0057 (attached). The Texas Workforce Commission is now accepting applications for the PPD Advisory Committee. Submit applications by email to [PurchasingfromPeoplewithDisabilities@twc.texas.gov](mailto:PurchasingfromPeoplewithDisabilities@twc.texas.gov) or mail to:

Texas Workforce Commission  
Purchasing from People with Disabilities  
101 East 15th Street, Room 214T  
Austin, Texas 78778-0001  
Attention: Kelvin Moore

First Name:

Last Name:

1. Please mark the AC category for which you are applying:

Representative from a Community Rehabilitation Program (CRP)

Please provide the name and location of your CRP.

What role(s) do you perform with the CRP?

How long have you served in this capacity?

Representative from an organization that advocates for individuals with disabilities.

Please provide name and location of your organization.

What role(s) do you perform with your organization?

How long have you served in this capacity?

Individuals with disabilities that do not work for a CRP:

Please explain how you believe your life experiences will help the committee accomplish its goals.

Individuals with disabilities that work for a CRP:

What is the name and location of your CRP?

What role(s) do you perform with your CRP?

How long have you served in this capacity?

2. Please describe why you wish to serve on this AC and why you believe your experience or input will help AC accomplish its goals.

3. Education Relevant to Adult Disability Rehabilitation.

1. Number of years of education relevant to adult disability rehabilitation.
2. Please describe your education relevant to adult disability rehabilitation.

4. Work Experience in Adult Disability Rehabilitation.

1. Number of years of work experience in adult disability rehabilitation.
2. Please describe your work experience in adult disability rehabilitation.

5. Volunteer in Adult Disability Rehabilitation.

1. Number of years of experience as a volunteer in adult disability rehabilitation.
2. Please describe your volunteer experience in adult disability rehabilitation.

6. Serving Experience on Advisory Boards, Councils, etc.

1. Number of years of experience serving on Advisory Boards, Councils, etc.

2. Please list three Boards/Councils on which you have served.

If you have any additional information relevant to your application, please attach and submit with this form.  
You may include a resume if you wish.

Name:

Date completed: