



**CALIFORNIA DEPARTMENT OF FOOD AND AGRICULTURE (CDFA)
DISABILITY ADVISORY COMMITTEE (DAC)
MEMBERSHIP APPLICATION
Rev. 12/2017
SO-260**

Name:	Phone:
Job Title:	Email:
Branch:	Location:

Membership on the DAC requires:

- Act as a representative for the division;
- Regular attendance of monthly meetings in person;
- Share information on existing and anticipated disability-related issues and concerns;
- Provide technical assistance and education on disability issues to CDFA employees;
- Assist DAC to promote awareness of the abilities of employees and applicants with disabilities;
- Promote inclusion and diversity in the workplace;
- A two year commitment is requested.

Interested employees should submit this application for approval by management and forward to:

Equal Employment Opportunity Office
1220 N Street
Sacramento, CA 95814
916-654-1005 or eeo@cdfa.ca.gov

Please answer the following questions: (Additional pages may be attached if necessary.)

1. Describe your interest in and/or experience with disability issues:

2. I feel I could contribute to the DAC by:

3. Are you aware of anything that would affect your ability to participate in DAC activities?

Employee Signature

Date

Management Endorsement

By my signature, I support and endorse this employee's application for membership on CDFA's DAC. Appropriate workload adjustments will be made in order to ensure this employee can fully participate in DAC activities. I understand DAC requires participation throughout the year which includes attending one monthly meeting and possibly an additional 1-3 hours of work time.

Supervisor Name

Signature

Date

Division Director

Signature

Date