 **DTA Advisory Board Application**

**APPLYING FOR TAO: (which DTA Office Location):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **APPLICANT INFORMATION** | | | | | | | |
| LAST Name | | | FIRST | | M. I. | | Date |
| Residential Street Address | | | | | Apartment/Unit # | | |
| City | | State | | | ZIP | | |
| HOME Phone | | CELL Phone | | Email | | | |
| \*Employer Name | | Employer Street Address | | | | | |
| Occupation |  | City State ZIP | | | | | |
| Title |  | Phone and Extension # | | | | Email: | |

\*If your employment is related to a contract administered by any agency of the Commonwealth of Massachusetts, please identify the Agency and contract reference number, and provide a general description of the contracted services (use additional paper if necessary):

|  |  |
| --- | --- |
| **INTEREST/BACKGROUND** | |
| * Have you worked with or for the Department, or its clients? Yes No * In what capacity (please use additional paper if necessary)?      * CHECK ONE Male  Female  * Do you have a primary Ethnic Group (Optional)? * Hispanic or Latino American Indian or Alaska Native * Black or African American Asian * Native Hawaiian or Pacific Islander  White * No Primary      * Participants in Advisory Boards should represent the broad spectrum of people served by DTA programs. Please indicate your areas of expertise. | |
| * Disability-related rights and services | * Workforce Development/Employment |
| * Elder Services | * Child Care |
| * Immigration | * Domestic Violence |
| * Housing and/or Homelessness | * Nutrition Assistance |
| * Public Health/Community Health/Mental Health | * Child Welfare |
| * Training/Education | * DTA Client (current or former?) |
| **PLEASE ATTACH YOUR RESUME AND COVER LETTER OF INTEREST** | |
| **ADVISORY BOARD MEMBER DUTIES AND RESPONSIBILITIES:** | |
| I certify I agree to the following duties and responsibilities (if I am appointed to a TAO Advisory Board). I will:  → Serve in a volunteer capacity and in the interest of the citizens of the region;  → Provide advice to the Department’s designated representative on the overall needs and resources of the TAO service area, including recommendations for specific programs, and the quality and level of service delivery;  → Work to strengthen and develop relationships between the TAO and public and voluntary agencies working in the TAO service area;  → Assist DTA in its mission to achieve long-term economic self-sufficiency, improve customer service and access to programs;  → Attend scheduled meetings on a regular basis | |
| Signature Date | |