

**DEAF CULTURE DIGITAL LIBRARY ADVISORY BOARD
REQUEST FOR APPOINTMENT CONSIDERATION
BIOGRAPHICAL INFORMATION FORM**

| | | | |
|---|--|--|-----------------------------|
| Application for: | <input type="checkbox"/> New Appointment | <input type="checkbox"/> Reappointment | |
| Name: | | | |
| Home Address: | | | |
| City: | | State: | Zip: |
| Occupation: | | | |
| Employer: | | | |
| Work Address: | | | |
| City: | | | Zip: |
| Phones: (Videophone): | | (TTY): | |
| | (Office): | (Home): | |
| | (Cell): | (Fax): | |
| Email Address: | | | |
| | Deaf: | Deaf-Blind: | |
| | Hard of Hearing: | Deaf Plus: | |
| Sponsoring Organization: | | | |
| Are you a member, officer or director of any organization: | <input type="checkbox"/> | Yes | <input type="checkbox"/> No |
| Specify Organization or Activity: | | | |
| If so, are you engaged in any lobbying activities for that organization? | <input type="checkbox"/> | Yes | <input type="checkbox"/> No |
| Are you a paid lobbyist for any organization? | <input type="checkbox"/> | Yes | <input type="checkbox"/> No |
| If so, please specify the organization. | | | |
| List the names, business addresses, and business telephone numbers of at least 2 individuals who are familiar with your professional qualifications and who have known you for more than the last five years : | | | |
| 1. | | | |
| 2. | | | |

Please attach a resume that includes information concerning your academic background, work experience and professional, political and civic organization affiliations.

ORGANIZATIONAL AFFILIATIONS:

I certify that, to the best of my knowledge and belief, all the information contained in and attached to this questionnaire is true, correct and complete.

Signature of applicant: _____ Date: _____

Completed forms may be returned to:
Ms. Irene Padilla, State Librarian, Maryland State Library
22 S. Calhoun Street., Baltimore MD 21223
Phone: (667) 219-4800 Fax: (667) 219-4798 Email: irene.padilla@maryland.gov