**SSP Advisory Committee Application Form**

Thank you for your interest in the Ohio Statewide SSP Advisory committee! The purpose of the Advisory Committee is to have a dedicated group of DeafBlind people guiding, organizing and helping to realize the goals and objectives of the Statewide SSP Pilot Program.

Before applying, please review SSP Advisory Committee Guidelines.

**Advisory Committee Application Form**

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Full Name

Email

Phone

Please briefly explain why you would like to be on the SSP Advisory Committee.

What previous volunteer experience do you have?

Can you use communication access via emails and Zoom?

Have you reviewed and agree to the volunteer commitment as outlined in the “SSP Advisory Committee Guidelines?

Yes or No