

INTEREST FORM
Vocational Recovery Advisory Committee (VRAC)

Complete and send to VocRecoveryProject@Lni.wa.gov

Name

Firm Name

Phone

Email

Membership Qualifications

I am a credentialed vocational counselor with at least five years of experience in Washington State and I currently serve in a formal or informal leadership role within the vocational firm.

I am affiliated with the following committee(s) and/or association(s):

- International Association of Rehabilitation Professionals (IARP)
- IARP Management Group (IMG)
- Other. Please describe:

Why are you interested in joining VRAC?

What unique value/perspectives will you bring to the team?

Responsibilities

VRAC members are undertaking a position of public trust and are responsible for being an active participant. Please review the **VRAC Charter** for details on the vision, focus areas, and core values.

The time commitment is a minimum of 4 hours per month. However, volunteering for sub-committee work will increase the time commitment.

Members are responsible for:

- Attending VRAC meetings.
- Preparing for the meetings in advance, completing any assignments and/or research.
- Upholding the committee's core, shared values.
- Collaborating to establish committee priorities.
- Volunteering for sub-committees to develop ideas, raise risks and issues, and/or produce deliverables.
- Holding each other accountable for working towards system-level solutions.
- Fostering positive, productive relationships between L&I and the larger vocational community.
- Providing a 60-day written notice to the VRAC Chair if they can no longer participate as a member.

If you are currently in an *informal* leadership role at the firm, please secure the firm manager/owner signature indicating their approval.

Name (Print) Signature Date