



168 N. 100 E., Suite 101  
 St George, Utah 84770  
 (435) 673-7501

**RRCI BOARD OF DIRECTORS APPLICATION**

If and when there is a vacancy on the Red Rock Center for Independence Board of Directors, I would like to be considered. I would be committed to the support and advancement of the organization's mission.

*Please attach your resume.*

Please type or print:

Name: Patrick Horgan  
 Address: 321 ~~North~~ North 3460 West  
 City/State/Zip: Hurricane, UT - 84737  
 Telephone: 435-632-2719 Fax: \_\_\_\_\_  
 Email: patrickhorgan@gmail.com  
 0921

**Which Best Describes You/Your Areas of Interest: Check all that apply**

- |                                                              |                                                                  |
|--------------------------------------------------------------|------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Person with a Disability | <input type="checkbox"/> Service Provider                        |
| <input type="checkbox"/> Family w/Disability                 | <input type="checkbox"/> Activities for People with Disabilities |
| <input type="checkbox"/> Child                               | <input checked="" type="checkbox"/> Advocate                     |
| <input type="checkbox"/> Sibling                             | <input type="checkbox"/> Financial                               |
| <input type="checkbox"/> Parent                              | <input checked="" type="checkbox"/> Fundraising                  |
| <input type="checkbox"/> Friend with a disability            | <input type="checkbox"/> Legal                                   |

**How much time would you be able to commit to board activities?**

- 4 to 6 hours/month       7 to 9 hours/month       10 or more hours/month

The board would like its membership to provide cross-disability representation. Are you a person with a disability?

- Yes       No

If yes, what is your disability? (This information will remain confidential.)

SPINA Bifida ~~XXXXXX~~  
(Paraplegia)

What qualifications/experience/special qualities or skills do you have that would make you an effective member of the board?

As a person with a disability, I have had to do a great deal of self-advocacy in my daily life. Including school and employment settings. I was raised at a young age by my family to advocate for myself. I have extensive experience as an advocate for people with disabilities, promoting systems change with various local and legislative representatives. I have experience working with media outlets to inform/educate the public on issues affecting people with disabilities.

Add any additional information including prior volunteer experience you would like the board to know about you.

SEE RESUME

I have reviewed the Red Rock Center for Independence Board Member Contract, and will complete that agreement if this application is accepted.

Pat Hogan

Signature

~~XXXXXX~~ 1-4-21

Date

# Patrick Horgan

patsjobs0921@gmail.com

435.632.2719

## Interests in retail, cash handling and customer services.

Experience includes 5 years providing disability etiquette and instructional services for clients and participants of specialized programs including public, social, welfare and vocational rehabilitation programs in Southern Utah non-profit organizations and local employers within the community. Hands-on experience in public speaking, implementation of projects and programs, business networking and oral as well as written presentation. Volunteer partnerships with Washington County Volunteer Center, Utah State Governor's Council for People with Disabilities and Disability Law Center in Salt Lake City.

Currently, I have taken daytime responsibility of my family in the household and am seeking evening/ weekend employment.

## Professional Experience

### Customer Service

Walmart	PGM Call Center
Public Speaking	New Hire Training
Media Relations	Customer Surveys

### Planning Coordination and Program Development

Created and developed curriculum, manuals and general instructions for educational and Disability Awareness pilot programs for the following projects

Sky West Airlines	Red Rock Center for Independence
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### Team Collaborations/ Planning Strategies/ Workshops and Events

2002 Winter Paralympic training	Sky West Airline New Hire disabled passenger protocol
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Customized presentations to provide education of practical application of disability etiquette including suitable terminology and dialogue for customer comfort and client success

### Employment History

2017	Walmart	Hurricane, Utah
2016	Salvation Army	St. George, Utah
2015	CCSI	St. George, Utah
2013- 2014	Red Rock Center for Independence	St. George, Utah
2007- 2008	PGM	St. George, Utah

### Education

Food Handler Permit	current through 2023	
Southern Utah University	Bachelor of Science/ Communications	Cedar City, Utah
Salt Lake Community College		Salt Lake City, Utah
Computer Applications/ MS Word, Excel, Power Point, Spreadsheets, Data Entry, Word Perfect, MS Publisher		
ADA Certification	Red Rock Center for Independence	St. George, Utah



**BOARD OF DIRECTORS CONFLICT OF INTEREST  
DISCLOSURE FORM**

Date: Dec 31, 2020

Name: Patrick Horgan

Position: Board Member

Conflict of interest is defined as a significant financial or other interest that could compromise or bias professional judgment and objectivity related to the management of RRCI (See RRCI Board By-Laws. Article IV: Board of Directors, Section 7)

Please describe below any relationships, transactions, positions you hold, or circumstances that you believe could contribute to an actual or potential Conflict of Interest between RRCI and your personal interests, financial or otherwise:

         I have no Conflict of Interest to report. I do not provide any services from an agency affiliate, employee, outside agency, vendor, etc., that personally benefits me or a Family Member.

X I have the following conflicts of interest to report. I receive or provide services for an agency affiliate, employee, outside agency, vendor, etc., that personally benefits me or Family Member:

1. I AM A <sup>CLIENT</sup> ~~MEMBER~~ of Vocational Rehabilitation Services
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

I hereby certify that the information set forth above is true and complete to the best of my knowledge. I have received, read, understand, and agree to abide by RRCI's Conflict of Interest Policy.

Pat Horgan  
Signature

12-31-20  
Date