

Nebraska
Statewide Independent Living Council



215 Centennial Mall South
Suite 520
Lincoln, NE 68508
Voice-1-402-438-7979

Nesilc@alltel.net

_____ *supporting the right to independent living* _____

Membership Application

1. Personal Information

- a. Name _____
- b. Address _____
- c. City/Zip _____
- d. Phone (Home) _____ (Work) _____

The legislation authorizing creation of this Council directs that the membership reflect the diversity of the population of the state with regard to race, ethnicity, gender and disability characteristics. To assist our Executive Committee and the State Board of Education in making selections, please provide the following information, and check the categories which you represent.

Gender: Female _____ Male _____

Racial/Ethnic background: _____

Disability: _____

2. Qualifications:

- _____ An individual with a disability
- _____ A parent, family member, spouse, or guardian of an individual with a disability
- _____ A director or representative of an Independent Living Center
- _____ **A representative of a state agency or any organization that provides services for individuals with disabilities**

Please specify which agency or organization: _____

List advocacy or disability groups to which you belong:

3. Experience:

- a. Please explain how you feel you might contribute as a member of the SILC.

- b. Explain any experience you have providing guidance and recommendations to persons with disabilities on a local or statewide basis.

- c. Do you work with an organization that is involved in advocating for a specific disability area? Please identify.

4. Responsibilities:

Please indicate your willingness to take on these responsibilities:

- a. Attend all SILC meetings (usually held on Wednesday's, four to five times per year, in Lincoln from 10:00 a.m. to 4:00 p.m.) Yes NO
- b. Participate on various subcommittees to prepare reports or plans: Yes NO
- c. Gather and report information on the need to develop and expand independent living services and programs. Yes NO
- d. Review and provide guidance on plans and proposals to develop and expand independent living services in Nebraska: Yes NO

Please retain my application for consideration on the SILC in the future if I am not selected to serve for the upcoming term of appointments.

REFERENCES

Please list names, addresses, and phone numbers of at least three persons who may be contacted as a reference:

All SILC members are invited to participate in a working lunch during meetings and are reimbursed for mileage at the current State of Nebraska allowable rate, transportation services at the rate of \$25 per day for attendants, meals and lodging when necessary to attend Council meetings.

Signature _____
Date

Please return to the SILC Office at the address listed on the letterhead. This information may be submitted electronically via the e-mail address listed.