

# INSILC Membership Application

## I. BASIC INFORMATION

Today's date: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_

Primary phone number: \_\_\_\_\_

Type of Phone: Voice/Text  Text Only  VP

Alternative phone number: \_\_\_\_\_

Type of Phone: Voice/Text  Text Only  VP

Email: \_\_\_\_\_

Are you a US citizen?  YES  NO

What is your primary language for communication? \_\_\_\_\_

What is your preferred format of print?

Standard print

Large Print  Font size? \_\_\_\_\_

Electronic format  Plain text

Braille

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## II. COMPLIANCE

The INSILC By-Laws require, in compliance with the Rehabilitation Act Amendments of 1992, that the INSILC include individuals on its' Council representing the following categories. This includes a requirement to have a majority of members who are individuals with disabilities and a secondary requirement of a majority of the members not be employed by, a board member, or a volunteer of a Center for Independent Living (CIL) or State Agency.

To help us meet our requirements and our mission to represent a diverse and inclusive culture, please review the categories below and check all that apply.

Please indicate if you have any of the following types of disability:

- Hearing     Vision     DeafBlind  
 Physical     Cognitive     Mental  
 Other (Please explain): \_\_\_\_\_

Are you an Advocate or Parent/Guardian of an individual with a disability/disabilities?

- YES     NO

Are you an employee of an Indiana State agency?     YES     NO

Are you an employee, board member or volunteer of a CIL?     YES     NO

- If yes, please specify: \_\_\_\_\_

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## III. COUNCIL DIVERSITY

INSILC strives to be a diverse council to represent the broad spectrum of communities it serves. INSILC also seeks to be representative of the regions of Indiana it serves.

To help us meet our requirements and our mission to represent a diverse and inclusive culture, please review the categories below and check all that apply.

Please indicate if any of these apply:

- LGBTQIA
- Black/African American
- Immigrant
- Hispanic
- Biracial/Multiracial
- Caucasian
- Native American
- Asia
- Prefer not to answer

Please indicate your primary area of representation:

- Northwest Counties:** Benton, Carrol, Cass, Clinton, Fountain, Fulton, Jasper, Lake, LaPorte, Marshall, Montgomery Newton, Porter, Pulaski, St. Joseph, Starke, Tippecanoe, Warren, White
- Northeast Counties:** Adams, Allen, Blackford, DeKalb, Delaware, Grant, Howard, Huntington, Jay, Kosciusko, La Grange, Madison, Miami, Noble, Randolph, Stueben, Tipton, Wabash, Wells, Whitley
- Central Counties:** Boone, Hamilton, Hancock, Hendricks, Johnson, Marion, Morgan, Shelby
- Southwest Counties:
- Southeast Counties:

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## IV. GENERAL QUESTIONS

1. Are you able to attend quarterly meetings (with or without reasonable accommodations) and carry out the INSILC responsibilities?  YES  NO
2. In the space provided below, please explain what 'independent living' means to you?
3. In the space provided below, indicate why you are interested in serving on the council.
4. In the space provided below, please share how you will use your previous experience, areas of interest, passion, or skills to improve the INSILC?
5. In the space provided below, what affiliations do you have with other national, statewide, and regional groups, especially related to people with disabilities?

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## V. References, Resume, Other documents

### ■ References:

Please provide two references below (at least one professional):

- |    | <u>Name</u> | <u>Phone/Email</u> |
|----|-------------|--------------------|
| 1. |             |                    |
| 2. |             |                    |

### ■ Resume & Other documents

Please share a resume, a written or recorded statement, or other documents that demonstrate areas of experience, skills, or training you have.

NOTE: Additional documents are not required but encouraged.

Resume included:  YES  NO

Written or recorded statement included:  YES  NO

Other documents attached:  YES  NO

## VI. Volunteer Opportunities

Appointment by the Office of the Governor can often take months to receive. The Governor will normally announce his appointments at the beginning of each calendar year.

- If you are not appointed right away by the Governor's office, are you willing to serve on INSILC as a non-voting member?  YES  NO
- If YES, please check which of the following areas, you are most interested in volunteering in:
  - Communication and Media:** Assist with various forms of communication which could include but are not limited to social media, flyers, announcements, newsletters, meeting minutes, templates, surveys, and data collection.
  - Public Policy:** Works on advocacy issues, research & presents information, and position statements for INSILC approval before disseminating to disability

community, policy makers, the press and public. Drafts educational advocacy letters to state and federal policy makers for INSILC approval.

- **State Plan of Independent Living (SPIL):** Gather information to create a new three-year SPIL and monitor the progress of the current SPIL.

## **VII. Application Submission – Deadline: Sept. 15, 2023**

Please submit the completed application one of the following ways:

1. Complete the online Microsoft Forms version of the application at this link:
  
2. Email to [kweldy@indianasilc.org](mailto:kweldy@indianasilc.org)
  - a. Email subject line: ATTN: INSILC Nominating Committee
  - b. A completed full scan or copy of the application.
  - c. Any supplemental documents or files to be submitted with the application.
  
3. Mail to: Indiana Statewide Independent Living Council  
615 N. Alabama Street, Suite 140  
Indianapolis, IN 46204

ALL application submissions must be received by **September 15, 2023** for consideration during this open nomination period.

**Thank you** for your interest in serving on the Indiana Statewide Independent Living Council (INSILC). Please do not hesitate to reach out with any questions or request for accommodation or assistance to complete this application.