



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:

- | | |
|---|---|
| <input type="checkbox"/> LGBTQIA | <input type="checkbox"/> Caucasian |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Native American |
| <input type="checkbox"/> Immigrant | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Biracial/Multiracial | |

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, Elkhart, 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:** Clay, Crawford, Daviess, Dubois, Gibson, Greene, Knox, Lawrence, Martin, Monroe, Orange, Owen, Parke, Perry, Pike, Posey, Putnam, Spencer, Sullivan, Vanderburgh, Vermillion, Vigo, Warrick
- ☐ **Southeast Counties:** Bartholomew, Brown, Clark, Dearborn, Decatur, Fayette, Floyd, Franklin, Harrison, Henry, Jackson, Jefferson, Jennings, Ohio, Ripley, Rush, Scott, Switzerland, Union, Washington, Wayne

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IV. GENERAL QUESTIONS

1. Are you able to attend quarterly meetings (with or without reasonable accommodation) and conduct 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

■ References:

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

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

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.

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VII. Application Submissions – Deadline: August 25, 2025

Please submit the completed application one of the following ways:

1. Complete the online Microsoft Forms version of the application at this link:
<https://forms.office.com/r/TMyxDPeKBx>
2. Email to MFoddrill@indianasilc.org
 - a. Email subject line: ATTN: INSILC Nominating Committee
 - b. A completed full scan or copy of the application.
3. Mail to: Indiana Statewide Independent Living Council
615 N. Alabama Street, Suite 140
Indianapolis, IN 46204

ALL application submissions received after **August 25, 2025** will be reviewed for consideration during the **next** 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.