Indiana Statewide Independent Living Council
Council Membership Application

INSILC Council Members play a vital role in guiding statewide planning and amplifying the voices of Hoosiers with disabilities. Applications may be submitted at any time via email to the Executive Director or by mail.

Section 1: Basic Information

1. First Name:
2. Last Name:
3. Birth Date:
4. Address:
5. City:
6. State:
7. County:
8. Zip Code:
9. Primary Phone:
10. Primary Phone Type:
    Voice/Text ◯ Text Only ◯ Video Phone ◯
11. Alternate Phone:
12. Alternate Phone Type:
    Voice/Text ◯ Text Only ◯ Video Phone ◯
13. Email Address:
14. Are you a U.S. Citizen? Yes ◯ No ◯
15. What is your primary language?

16. What is your preferred method of print?

Standard Print ◯ Electronic format ◯
Electronic format – Plain Text ◯ Braille ◯ Large Print ◯

17. If you prefer large print, what font size?

Section 2: Compliance

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

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

Hearing ☐ Vision ☐ DeafBlind ☐
Physical ☐ Cognitive ☐ Mental ☐
Other ☐ Not Applicable ☐

19. If Other, please explain:
20. Are you an employee of an Indiana State agency? Yes ◯ No ◯
21. Are you an employee, board member, or volunteer of a Center for Independent Living? Yes ◯ No ◯
22. If YES to the previous two questions, please specify:

Section 3: 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.

23. Please indicate if any of these apply to you:

American Indian or Alaska Native ☐ Asian ☐
Biracial or Multiracial ☐ Black or African American ☐
Hispanic or Latino ☐ Immigrant ☐
LGBTQIA+ ☐ Middle Eastern or North African ☐
Native Hawaiian or Pacific Islander ☐ White ☐
Prefer Not to Answer ☐

24. 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 ◯

Section 4: General Questions

25. Are you able to attend quarterly meetings (with or without reasonable accommodation) and conduct INSILC responsibilities?

Yes ◯ No ◯

26. Please explain what 'independent living' means to you?

27. Please indicate why you are interested in serving on the Council.

28. Please share how you will use your previous experience, areas of interest, passion, or skills to improve the INSILC?

29. What affiliations do you have with other national, statewide, and regional groups, especially related to people with disabilities?

30. Are you an Advocate or Parent/Guardian of an individual with a disability/disabilities? Yes ◯ No ◯

31. If yes, please describe your role as a parent and/or guardian:

Section 5: References

32. Reference 1: Name, Phone, and Email

33. Reference 2: Name, Phone, and Email

Section 6: 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.

34. 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 ◯

35. 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 for Independent Living: Gather information to create the three-year plan and monitor its progress. 🔘

Section 7: Application Submission

Applications may be submitted anytime. They will be reviewed by the nominating committee. Then they will be voted on by the full council and sent to the Governor's Office for final approval.

The Council meets quarterly on the second Wednesday of the month. To be considered at a public meeting, please submit your application at least 30 days in advance.

Applications can be emailed to Executive Director Mike Foddrill at MFoddrill@IndianaSILC.org.

Applications can be mailed to:
INSILC
Attn: Mike Foddrill
615 N. Alabama Street, Suite 140
Indianapolis, IN 46204

Thank you for your interest in joining the Indiana Statewide Independent Living Council.