



NESILC  
PO Box 160  
Ponca, NE 68770  
Phone: 402-438-7979  
Fax: 855-225-6060  
Email: info@nesilc.org

## Membership Application

### 1. Personal Information

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

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

Gender:

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.



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4. Responsibilities:

Please indicate your willingness to take on these responsibilities:

- a. Attend all SILC meetings (usually held on Friday'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:

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All SILC members are invited to participate in a working lunch during meetings and are reimbursed for mileage at the rate approved by the Council, attendant services at the rate of \$25 per day, 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.