



Idaho State Independent Living Council

(for office use) Region _____

Category(ies): _____

SILC MEMBERSHIP NOMINATION FORM

Please attach a resume prepared by the nominee so that the Council may learn about that person's employment history, educational background, group affiliations, community involvement and interests.

NOMINEE

Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____ **Fax:** _____

E-Mail: _____

NOMINATION CATEGORY:

- Independent Living Center
- Advocate
- Parent Interests
- Voc Rehab 121 Project Director

- Service Provider
- Person with a Disability
- Ex-Officio Member

WHAT QUALIFICATIONS AND EXPERIENCE DOES THE NOMINEE HAVE WHICH LED YOU TO NOMINATE HIM/HER FOR COUNCIL MEMBERSHIP?

HOW MUCH TIME WOULD THE NOMINEE BE ABLE TO COMMIT TO COUNCIL ACTIVITIES?

- 1 to 3 hours per month
- 4 to 6 hours per month
- 7 to 9 hours per month
- 10 or more hours per month

