



(for office use) Region _____
Category(ies): _____
Revised 05-16-2025

SILC COUNCIL MEMBER APPLICATION

Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____

Email: _____

MEMBER CATEGORY

- Adult with a disability (27 and older)
- Young adult with a disability (18 - 26)
- Advocate
- Service provider
- Independent Living Center Representative
- State Agency Representative
- Parent Interest

The Council is required to have at least 51% of its members to be a person with a disability. Do you have a disability?

☐ Yes ☐ No

If so, what is the disability (the information will remain confidential):

Do you have commitments or conflicts that might prevent you from attending quarterly Council meetings in Boise? ☐ NO ☐ YES If "YES", please explain:

My commitment level for working on MY disability issues/concerns is:

☐ EXTREMELY HIGH ☐ HIGH ☐ AVERAGE ☐ LOW

My commitment level for working on OTHER issues affecting people with disabilities is:

☐ EXTREMELY HIGH ☐ HIGH ☐ AVERAGE ☐ LOW

Your answers to the following questions will not affect your application status

My comfort level for speaking in and before groups and making presentations is:

☐ EXTREMELY HIGH ☐ HIGH ☐ AVERAGE ☐ LOW

My comfort level for presenting information to state and local elected officials is:

☐ EXTREMELY HIGH ☐ HIGH ☐ AVERAGE ☐ LOW

What qualities and skills do you have that will contribute to the Council?

The Council would like its membership to represent diverse cultural groups.
Check all that apply.

LGBTQIAT

Immigrant

☐ Caucasian

☐ Hispanic

☐ Black/African American

☐ Asian or Pacific Islander

☐ Native American

☐ Other

Prefer not to answer

Please attach a resume so that the Council may learn about employment history, educational background, group affiliations, community involvement and interests.

Please return this form to:

Idaho State Independent Living Council
120 S Cole Rd, Boise Idaho 83709
Phone: 208-334-3800