



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:

- |   |   |
|---|---|
| <input type="checkbox"/> Independent Living Center      | <input type="checkbox"/> Service Provider         |
| <input type="checkbox"/> Advocate                       | <input type="checkbox"/> Person with a Disability |
| <input type="checkbox"/> Parent Interests               | <input type="checkbox"/> Ex-Officio Member        |
| <input type="checkbox"/> Voc Rehab 121 Project Director |   |

**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

**WHAT SPECIAL QUALITIES AND SKILLS DOES THE NOMINEE POSSESS, AND HOW WOULD THOSE QUALITIES AND SKILLS CONTRIBUTE TO THE COUNCIL?**

**THE COUNCIL WOULD LIKE ITS MEMBERSHIP TO PROVIDE CROSS-DISABILITY REPRESENTATION. IS THE NOMINEE A PERSON WITH A DISABILITY?**

YES       NO

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

**THE COUNCIL WOULD LIKE ITS MEMBERSHIP TO REPRESENT DIVERSE CULTURAL GROUPS. OF WHICH RACIAL/ETHNIC GROUP DOES THE NMINEE CONSIDER HIMSELF/HERSELF? (OPTIONAL)**

Native American Indian       Hispanic (of Mexican, Puerto Rican, Cuban, Central/South American / other Spanish culture)  
 Asian or Pacific Islander       Other  
 African American  
 Caucasian

**PERSON MAKING THIS NOMINATION**

**Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Telephone:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

*Attach Resumé here*

*Thank you for the time and consideration you have given to this nomination.*

**Please return this form to:**  
**Idaho State Independent Living Council**  
**P.O. Box 83720**  
**Boise, ID 83720-9601**  
**Fax—(208)334-3803**  
**silc@silc.idaho.gov**