



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

