



## Indiana Statewide Independent Living Council (INSILC) Formal Application

*This application is available in alternative format upon request.*

*\*For assistance with this form, please contact the INSILC Executive Director, Amber O'Haver, at:  
[aohaver@insilc.org](mailto:aohaver@insilc.org).*

The Indiana Statewide Independent Living Council (INSILC) is a nonprofit organization and a governor-appointed council, independent and autonomous from the state. It is led and directed by a majority of individuals with disabilities and believes people with disabilities should have the same civil rights, choices, options, and control over their lives as do people without disabilities. The mission of INSILC is to empower its peers with disabilities to lead and control their own lives, however, the organization does NOT provide services directly to people with disabilities. This is the job of the Indiana Centers for Independent Living. The role of INSILC is to provide oversight of the Indiana State Plan for Independent Living (SPIL) and assist with the SPIL's implementation and the coordination of services with public and private entities to improve services provided to individuals with disabilities. In addition, INSILC works hard to promote and raise awareness of the Independent Living philosophy throughout the state, conducts outreach to educate and inform individuals and entities about issues impacting Hoosiers with disabilities, and seek input from its peers with disabilities in communities across a state which drives the INSILC public policy platform directing its systems advocacy efforts and work. INSILC's ultimate goal is to use its platform to advocate for meaningful change within the disability community and provide opportunities to empower its peers with disabilities to **#BeTheVoice** and lead and control their own lives.

INSILC Members are appointed by the Governor. These individuals govern and provide oversight for INSILC. INSILC provides appointment recommendations of individuals whom have been vetted by the INSILC Membership Nomination Committee to the Governor. These individuals are then considered for appointment to INSILC by the Governor. Official determination of appointment to serve on INSILC is at the sole discretion of the Governor.

In accordance with the requirements of the Rehabilitation Act of 1973, as amended, INSILC shall consist of a majority of people with disabilities NOT employed by a state agency or Center for Independent Living (CIL). The minority of INSILC membership consists of individuals with and without disabilities (some of which are employed by a state agency), parents of people with disabilities; representatives of centers for independent living; members of the business or for-profit community; disability advocates and other individuals interested in services for people with disabilities.

Please complete the following form if you are interested in being appointed to serve as a member of INSILC.

Resumes are encouraged to be submitted along with this form but are not required.

Name:

Preferred Pronoun:

Address (including City/State/Zip Code):

County:

Phone:

Email:

Please list 3 references we may contact in the table below:

References		
Name and Relationship	Address	Phone Number

1. To help us meet our federal composition requirements, please check/mark all categories that apply to you.

Nomination Categories:

- Person with Disability(ies)
- CIL Director
- Non-voting ex-officio representative/employee from INSILC designated state entity/agency
- Non-voting state agency representative/employee that provides services for individuals with disabilities
- CIL Representative/Employee (not a CIL Director)
- Parent/Guardian of individuals with disabilities
- Advocate for individuals with disabilities
- Representative from private business
- Representative of organization that provides services for individuals with disabilities
- Other appropriate individual, such as a Self-Advocate with disability(ies)

**The Council would like its membership to provide cross-disability representation.**

2. Are you a person with a disability?  Yes  No

If so, please indicate your disability(ies) below:

- |  |  |
|--|--|
| <input type="checkbox"/> Blind/Visually Impaired | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Cognitive               | <input type="checkbox"/> Mobility      |
| <input type="checkbox"/> Deaf/Hard of Hearing    | <input type="checkbox"/> Neurological  |
| <input type="checkbox"/> Other                   |  |

If other, please explain:

3. Are you a parent or sibling of a person with a disability?

- Yes       No

**The Council would like its membership to have statewide representation.**

4. Please mark your geographical area.

- Urban                       Small Community                       Rural

**The Council would like its membership to represent diverse cultural groups.**

5. Please mark which racial/ethnic group with which you identify. (OPTIONAL)

- |  |   |
|--|---|
| <input type="checkbox"/> Native American Indian    | <input type="checkbox"/> Hispanic                   |
| <input type="checkbox"/> Asian or Pacific Islander | <input type="checkbox"/> African American           |
| <input type="checkbox"/> Caucasian                 | <input type="checkbox"/> Other (Please list): _____ |

**The Council would like to know more about you. Please answer the following questions.**

6. Please share with us how you learned about INSILC and if you had involvement with the Council in the past:

7. Please share with us your definition of independent living and what it means to you:

8. Please share what you believe are the most important issues facing people with disabilities today and why:

9. Please describe your experience, knowledge or interest in independent living and the independent living philosophy and/or independent living services for people with disabilities.

10. Please share with us a little about yourself and why you would like to be appointed to INSILC.

11. Are you able to perform and contribute to the duties of the Council and commit to attend regularly scheduled council meetings, committee meetings, and other INSILC-related functions, events and activities, as needed?

Yes If yes, and you were to be appointed to INSILC, how soon would you be available to begin serving on INSILC?

No

*Note: INSILC can provide accommodations that are necessary for you to participate in or attend INSILC-related meetings or engage in other INSILC-related business including: wheelchair access, ASL interpreters, captioning services, attendant care, Braille, large print, respite care, childcare, etc.*

I hereby give permission for INSILC to contact any volunteer or advocacy organizations I have identified affiliation with and the references I have provided in this application.

Signature (can be an electronic signature):

Date:

Please be sure to provide all of the following information within your resume (optional) or other forms of documentation and/or any other pertinent information.

1. Educational history: Name and city of educational institution; dates attended; area of study; degree obtained (if any).
2. Employment history: Name, mailing address, job title, duties performed; dates of employment; contact name (e.g., immediate supervisor), and phone number with area code.
3. Volunteer/non-paid employment history: Name mailing address, volunteer title, duties performed; dates of volunteering; contact name (e.g., immediate supervisor), and phone number with area code.
4. Disability/advocacy-related training: Name, mailing address, and phone number of organization sponsoring training, name and training, and dates of training.
5. Membership in disability/advocacy-related organizations. Offices held, committee assignments, description of activities performed, and dates for each.

Email or mail your completed application, resume, and/or any other supporting documentation to:

**Amber O'Haver, INSILC Executive Director**  
**Indiana Statewide Independent Living Council (INSILC)**  
**P.O. Box 801**  
**Danville, IN. 46122**  
**Or**  
**[aohaver@insilc.org](mailto:aohaver@insilc.org)**

**\*For assistance with this application or for any questions regarding INSILC and/or this application, please contact the INSILC Executive Director at:**  
**Office Number: 1-844-4INSILC (1-844-446-7452)**  
**Email: [aohaver@insilc.org](mailto:aohaver@insilc.org)**