

## WEST VIRGINIA STATEWIDE INDEPENDENT LIVING COUNCIL

Required by Section 705 of the Rehabilitation Act of 1973, as amended

### Application for Gubernatorial Appointment

The SILC is required by the Rehabilitation Act of 1973 as amended. The purpose of Independent Living is to promote a philosophy of independent living which includes consumer control, peer support, self-help, self-determination, equal access, and individual and systems advocacy, in order to maximize the leadership, empowerment, independence, and productivity of individuals with disabilities, and the integration and full inclusion of individuals with disabilities into the mainstream of American society.

#### *Duties and Authorized Activities of the West Virginia Statewide Independent Living Council:*

- Develop the State Plan for Independent Living Services and Centers for Independent Living in conjunction with the Centers for Independent Living (CILs);
- Monitor, review, and evaluate the implementation & effectiveness of that State plan;
- Hold regular meetings that are open to the public; (this Council meets 4 times per year)
- Coordinating activities with other public and private entities in the state that provide services to people with disabilities and facilitate long-term community-based services & supports;
- Conduct resource development activities to support the SILC and/or CILs; and
- Carryout other activities consistent with the purpose of Independent Living, and with other duties and authorities, as the Council determines to be appropriate.

NAME:		COUNTY:
ADDRESS:		E-MAIL:
		CELL PHONE:
CITY:	STATE:	ZIP:
DAY PHONE:	EVENING PHONE:	FAX#:

What is your preferred/alternate means of communication? (e.g.: telephone, E-Mail, Large Print, Braille, TTY, sign language/Deaf relay/video relay, Other):

★ *In order to ensure diversity on the Council and to comply with the requirements in our federal law, the Council requests you provide the following information (**please check all that apply**):*

- [ ] I am an individual with a disability, as defined in the Rehab Act<sup>1</sup>:  
My disability is ★ \_\_\_\_\_
- [ ] I am a parent or a guardian of an individual with a disability<sup>1</sup>
- [ ] I am a family member of an individual with a disability<sup>1</sup>
- [ ] I am an employee of a center for independent living
- [ ] I am an employee of an agency of the State of West Virginia
- [ ] I am a concerned citizen seeking more active involvement with disability issues

<sup>1</sup> *Under the Rehabilitation Act, the following definition of "an individual with a disability" applies for purposes of this disclosure: **Any person who has a physical or mental impairment which substantially limits one or more major life activities, or has a record of such impairment, or is regarded as having such an impairment.***

★ Age: ____ [18-25] ____ [26-40] ____ [41-60] ____ [over 60]	★ RACE: ____ Asian ____ American Indian or Alaska Native ____ Black or African American ____ Hispanic or Latino ____ Native Hawaiian or Pacific Islander ____ Middle Eastern or North African ____ White ____ Other: _____
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★ *This information is voluntary and is requested only to assist the nominating committee in ensuring broad diversity and representation of all disability groups on the council.*

My experiences and qualifications to serve on the Council include (please attach resume' if available):		
I have the following personal and/or professional experiences regarding the problems and needs of people with disabilities:		
I want to be on this Council because:		
Three people who would recommend me for a position on the Council are:		
NAME:	ADDRESS/ORGANIZATION:	CELL PHONE # and EMAIL ADDRESS:
<b>Questions regarding the council or the application process may be directed to:</b>		
<b><i>Jerry Boyko, Executive Director            WV Statewide Independent Living Council, Inc.            6908 MacCorkle Avenue            St. Albans, WV 25177</i></b>		<b><i>Phone: 304 766-4624            Cell: 304-315-2575</i></b>

***I certify that the information I have given in this application is true and accurate to the best of my knowledge and I am willing/able to fulfill the responsibilities of a Council member:***

Signature of Nominee (If submitting electronically, type name and date)	Date
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