



Utah Statewide Independent Living Council

The Utah Statewide Independent Living Council is currently seeking outstanding individuals who are interested in serving a minimum of one – three year term on this important, state-level Council.

The mission of USILC is: *To serve as the public voice in the development, implementation and monitoring of Utah's three-year Statewide Plan for Independent Living.*

We accomplish this mission through partnership with the six Centers of Independent Living in Utah, the Utah State Office of Rehabilitation and other agencies and organizations in providing independent living services throughout the State.

To assure the view point of Utahans with disabilities, USILC membership must consist of at least 51% people with disabilities and attempts to maintain a diverse membership.

The Council meets six times a year. However, you would be expected to serve on at least one of the sub-committees. These sub-committees have regular meetings via the USILC conference phone system.

The full Council meetings are generally four hours long and include lunch. Assistance with transportation and other reasonable accommodations are available on an individual need basis.

A typical agenda includes Council business, such as minutes, fiscal review, nominations and amendments to Bylaws and Policies. There is always a report from our advocacy program detailing current legislation and funding issues as well as Council strategies to address these issues. The four committees report on the progress they are making on specific Council goals. In addition, the CIL representative provides an update of Center activities and issues. There is often a guest speaker updating the Council on disability issues and programs in the general community.

If you are interested, please complete the application portion of the attached Application and Nomination form. This information will help us identify your unique experience, expertise and interest in The Independent Living Program. Please send this information to the USILC Executive Director:

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Brooke Wilson

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Michael Lefevor

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Kris Fawson

Utah Statewide Independent Living Council (USILC)

APPLICATION AND NOMINATION FORM

Applicant information:

Name: _____

Address: _____

Phone (Home): _____ **(Work):** _____ **(Cell):** _____

County in which you live: _____

E-Mail Address: _____

Race: (Optional) American Indian ____ Asian ____ Black or African American ____ Pacific Islander ____ White ____ Hispanic/Latino ____ Other ____

Represents: Check all that apply and complete explanation, if applicable.

____ Person with a disability

____ Family member of a person with a disability

____ Advocate for people with disabilities

____ Consumer of Center for Independent Living Services –
Where did you receive services? _____

____ Former consumer of Center for Independent Living Services –
When did you receive services? _____

____ Person who is 30 years old or younger

____ Currently an employee of the State of Utah

____ Currently an employee of a Center for Independent Living

____ Business, Labor, Industry (explain) _____

____ Other (explain) _____

Additional information requested on the back

Please provide a statement as to why you would like to be nominated to the USILC.*

Please provide individual back ground information that demonstrates why you are qualified to serve on the USILC. *

***Use additional paper if needed.**

Applicant Signature _____ Date _____

This section to be filled out by the individual who is nominating you.

Nominated by: _____

State why you are nominating this individual for Council membership:

This individual has been contacted and provided an explanation of the nomination process.

___ Yes ___ No

The applicant has agreed to serve, if approved.

___ Yes ___ No

Selected nominees may be interviewed.