

**Montana Statewide Independent Living Council
Application for Membership**

Name: _____
Address: _____
Phone: Home # _____ Work # _____
Email: _____

1. Do you have a disability? _____ If yes, please briefly describe:

2. Council members are expected to attend 3-5 meetings in Helena each year. Members are also asked to serve on at least one work team or committee. Please provide a brief explanation of your interest and commitment to serve and participate on this Council as a representative of persons with disabilities.

3. Please describe your knowledge of the independent living philosophy, program, and services. Also include your living, educational, and work experiences with persons with a disability.

4. Are you a state employee? ___ Are you on the payroll of a Center for Independent Living (staff, peer, etc)? _____ Are you on the board of a Center for Independent Living? _____

5. Would you be considered a youth member with a disability (age18-28)? _____

Feel free to attach a resume, vita or other documentation.