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SILC Membership Application

Thank you for your interest in the Statewide Independent Living Council. Please add space as needed for your answers.

Name: _____ Date: _____

Home Address: _____

County: _____ Phone: _____

E-mail address: _____

- ☐ Are you a person with a disability?
- ☐ Are you a member of another marginalized or minority population?
- ☐ Are you a state employee?
- ☐ Are you a paid employee with a Center for Independent Living?
- ☐ Are you a volunteer for the board or other program of a Center for Independent Living?

Please explain any “yes” answers:

Please list your affiliations with other boards, councils, commissions, or disability organizations:

Please tell us why you would like to be a SILC Member:

Please describe your experience with non-profits, boards of directors, and/or any boards or commissions you have been a part of.

If you do not fit the SILC's current composition needs, would you like for us to hold your application for reconsideration at a later date? ☐ Yes ☐ No

If you are not appointed right away by the Governor's Office, would you be willing to serve on one of SILC's Committees? ☐ Yes ☐ No

Please check the SILC committees you are interested in.

- ☐ **Finance** - Develops the budget, monitors SILC expenditures, and makes recommendations for changes in spending as necessary.
- ☐ **Governance** – Develop necessary policies and keep our Handbook up to date.
- ☐ **Membership & Training** – Maintain compliance with Title VII, Section 705; recruit and facilitate potential members to meet compliance, organize necessary paperwork requirements for members, organize mandatory and recommended training for membership.
- ☐ **Public Policy** - Works on advocacy issues; researches, drafts, and presents white papers and position statements for SILC approval, disseminate approved papers to the disability community, policy makers, the press and general public, and/or state and federal policy maker.
- ☐ **Resource Development** – Works on developing revenue for the council, fostering funder donations and creating and maintaining donor database. Development and implementation of appreciation material for donor relations. Work with Youth Leadership Forum and Treasurer to develop funding opportunities for the SILC and the YLF.

- **State Plan of Independent Living (SPIL)** - Gathers information to create a new three-year State Plan for Independent Living (SPIL). Monitors the progress of the current SPIL.
- **Youth** - Members are mainly between the ages of 14 and 26 who have significant disabilities; primary role is to present the youth voice regarding youth disability and transition services; focus is on services for youth with disabilities that are provided by their local CIL and other stakeholder organizations, and to put on an annual Youth Leadership Forum.

The following are committees we don't currently have, but might be interested if you can provide leadership.

- **Communication and Media**
- **Deaf and Hard of Hearing**

Please return this completed form, your resume, and any other documents you'd like the Membership Committee to see, to Coordinator@ColoradoSILC.org.