

# WEST VIRGINIA STATEWIDE INDEPENDENT LIVING COUNCIL

Section 704 of the Rehabilitation Act of 1973, as amended

## Application for Gubernatorial Appointment

The purpose of Chapter 1 of Title VII of the Rehabilitation Act 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.

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

What is your preferred/alternate means of communication? (eg: telephone, Braille, E-Mail, TTY, Large Print, Other):

The purposes of the West Virginia Statewide Independent Living Council include the following:

- In conjunction with the West Virginia Division of Rehabilitation Services, jointly developing the State Plan for Independent Living Services and Centers for Independent Living as required by section 704 of the Rehabilitation Act of 1973 and §364.20 of the Code of Federal Regulations;
- Monitoring, reviewing, and evaluating the implementation of that State plan;
- Coordinating activities with the State Rehabilitation Council established under section 105 of the Rehabilitation Act of 1973 and councils that address the needs of specific disability populations and issues under other Federal law; and
- Carrying out such other activities as the council may determine appropriate which are not inconsistent with the relevant provisions of State or Federal law and regulation.

*The Rehabilitation Act requires that individuals with disabilities who are not employees of centers for independent living or of State agencies must comprise at least a majority of the council's membership. Applicants are requested to disclose the following information (please check all that apply):*

- [ ] I am an individual with a disability, as defined in the Rehab Act<sup>1</sup>: \_\_\_\_\_
- [ ] 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

<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 of such person's major life activities, or has a record of such impairment, or is regarded as having such an impairment.**

★ DATE OF BIRTH:	★ SEX:	★ RACE:	★ DISABILITY
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★ This information is voluntary and is requested only to assist the nominating committee in ensuring diversity on the council.

I am interested in serving on the Council because:

My experiences and qualifications include (please attach resume' if available):

I have the following personal and/or professional experiences regarding the problems and needs of people with disabilities:

Three people who would recommend me for a position on the Council are:

NAME:	ADDRESS/ORGANIZATION:	DAYTIME PHONE:

Questions regarding the council or the application process may be directed to:

<b><i>Ann Meadows, Executive Director WV Statewide Independent Living Council, Inc. PO Box 625 Institute, WV 25112-0625</i></b>	<b><i>Telephone 304 766-4624 (Voice or TDD) 1-800-642-8207 Ext. 4624 FAX (304) 766-4721</i></b>
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***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).  
WEST VIRGINIA STATEWIDE INDEPENDENT LIVING COUNCIL, Inc.

\_\_\_\_\_  
Date