SOUTH CAROLINA
Statewide Independent Living Council

# MEMBERSHIP APPLICATION

## Introduction + Welcome

Thank you for your interest in serving on the South Carolina Statewide Independent Living Council (SCSILC).

The SCSILC is a non-profit organization dedicated to promoting Independent Living for people with disabilities throughout the state. SCSILC members are appointed by the Governor of South Carolina. Federal regulations require at least 51% of SCSILC members be people with significant disabilities. The SCSILC believes that people with disabilities should:

- Be accepted, respected, valued members of society.
- Have equal opportunities to live, work and participate in their communities.
- Be expected to be productive, active and responsible citizens.

Once your application has been received and reviewed by the Membership Committee, a representative of the SCSILC will contact you. Your application will then be reviewed by the full SCSILC Council at the next quarterly meeting. If the application is approved, it will be sent to the Governor of South Carolina's office with a recommendation for appointment to the SCSILC. The Governor's Office will review your approved application and supporting materials and then send you their forms to be completed and returned to the Governor's Office. Once all the information they requested is received, reviewed and approved by the Governor's Office, you will be notified in writing of your appointment by the Governor of South Carolina.

Please don't hesitate to contact the SCSILC office at 803-217-3209 or scsilc@scsilc.org, if you have any questions.

Sincerely,

*The SCSILC Membership Committee*

## I. BASIC INFORMATION

**Name: _____Today's date**: _____

**Address: _____**

**City: _____ State: _____ Zip: _____ County: _____**

**Primary phone number: _____ Alternative phone number: _____**

**Email: _____ Date of Birth: _____**

**Race/Ethnic/Cultural background (optional) _____**

**Are you a US citizen?** ☐ YES ☐ NO

## II. COMPLIANCE

The SCSILC By-Laws requires, in compliance with the Rehabilitation Act Amendments of 1992, that the SCSILC include individuals on its' Council representing the following categories. To help us meet this requirement, please check all categories that apply to you.

☐ Individual with a disability/disabilities.
- Please specify type of disability/disabilities: _____

☐ Advocate for individuals with disabilities.

☐ Parent/Guardian of an individual (child or adult) with a disability/disabilities.

☐ Affiliations with other organizations, Center for Independent Living (CIL) or State agencies serving people with disabilities.
- Please specify:_____

**1.** Are you an employee of this organization, CIL or State agency? ☐ YES ☐ NO
- If yes, please specify:_____

## III. GENERAL QUESTIONS

**1**. Why are you interested in an appointment to the South Carolina Statewide Independent Living Council (SCSILC)?

**2.** What is your experience with a disability/disabilities?

**3.** What does "independent living" mean to you?

**4.** What strengths would you bring to the SCSILC?

**5.** What do you hope to accomplish by being a member of the SCSILC?

**6.** What changes or improvements would you like to see in South Carolina, in regards to independent living and/or people with disabilities?

## IV. COUNCIL APPOINTMENT QUESTIONS

As a potential Governor appointed SCSILC Member, please know that the governor's office will perform credit checks and criminal background checks at the local, state and federal levels. References will also be verified. Please answer the following questions in order to fully process your application.

**1.** Have you ever been convicted of a crime (misdemeanor or felony)? ☐ YES ☐ NO

**If yes, please explain:**

**2.** Have you ever been terminated or asked to resign from a job? ☐ YES ☐ NO

**If yes, please explain:**

**3.** Have you ever been accused, investigated or charged with any crime, including sexual crimes, against children? ☐ YES ☐ NO

**If yes, please explain:**

**4.** Have you ever been accused, investigated and/or charged with any crime, including abuse, of the elderly? ☐ YES ☐ NO

**If yes, please explain:**

**5.** Have you ever been accused, investigated and/or charged with any crime such as fraudulent checks, identify theft, etc.? ☐ YES ☐ NO

**If yes, please explain:**

**6.** Have you ever declared or are you going to declare bankruptcy? ☐ YES ☐ NO

**If yes, please explain:**

**7.** Do you have any unresolved credit issues, or are you involved in any litigation involving credit issues? ☐ YES ☐ NO

**If yes, please explain:**

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I agree that all information contained above is accurate to my knowledge, and I have read and reviewed the SCSILC Bylaws. Upon appointment to the COUNCIL, I understand and acknowledge that it is a requirement for all members to participate in one or more of the following committees. Please select one that you are most interested in:

☐ **Membership Committee-** The Membership Committee is responsible for recruiting, nominating and orientating new members for the SCSILC.

☐ **Governance Committee:** The Governance Committee examines how the Council is functioning, how members communicate, and ensures compliance.

☐ **SPIL Oversight Committee:** The SPIL Oversight Committee monitors and evaluates provisions for the State Plan for Independent Living.

☐ **Accessibility Committee:** The Accessibility Committee addresses access issues throughout the state.

Signature: _____

**Please submit this Membership Application through the U.S. Mail, e-mail or fax to:**

SC Statewide Independent Living Council
Attn: Membership Committee
720 Gracern Rd Suite 106
Columbia, SC 29210
(803) 217-3209 V/TTY
(803) 779-5114 FAX
1-855-410-9555 Toll Free
scsilc@scsilc.org