

New Hampshire Statewide Independent Living Council Application Process for Council Membership

Thank you for your interest in serving on the Statewide Independent Living Council (SILC). So that we can process your application, please provide your resume and cover letter explaining why you would like to join the SILC. Send over the answers to following questions, resume, and cover letter explaining why you would like to join the SILC to:

Jennifer Beaulieu, SILC Program Assistant NH Statewide Independent Living Council c/o Governor's Commission on Disability 121 South Fruit Street, Suite 101 Concord NH 03301 603-271-2773 800-852-3405 Fax (603) 271-2837, or e-mail to Jennifer.beaulieu@gcd.nh.gov

The SILC Membership Committee reviews all applications. Once your application is reviewed a representative from the SILC will contact you.

Date:			
Name:			
Email:			
Address:		Town:	
State:	Zip:	Home Telephone #:	

Disability Knows No Race, Color, or National Origin – We serve All Disabilities

Equal Opportunity Employer – Equal Educational Opportunities

Τ	Tel #:
	Please indicate which membership category you are applying under:
	Person with a disability
	Parent/Guardian of an individual with a disability
	Agency or Other
	Please give a brief biographical sketch of yourself.
	Please describe why you are interested in serving on the Council.

Disability Knows No Race, Color, or National Origin – We serve All Disabilities

Equal Opportunity Employer – Equal Educational Opportunities

4.	Please describe the special skills you bring and what you hope to accomplish.
5.	Please tell us what areas of the Councils' work interest you the most.

Disability Knows No Race, Color, or National Origin – We serve All Disabilities

Equal Opportunity Employer – Equal Educational Opportunities

5.	If selected, what special accommodations or assistance (if any) would you
ıir	e?
7.	Please list any groups and organization that you are currently a member
7.	Please list any groups and organization that you are currently a member
7.	Please list any groups and organization that you are currently a member
7.	Please list any groups and organization that you are currently a member
7.	Please list any groups and organization that you are currently a member
7.	Please list any groups and organization that you are currently a member

Disability Knows No Race, Color, or National Origin – We serve All Disabilities

Equal Opportunity Employer – Equal Educational Opportunities

