



APPLICATION FOR APPOINTMENT BY THE GOVERNOR

Maine Statewide Independent Living Council (Maine SILC)

The Maine Statewide Independent Living Council (SILC) is a federal, Governor appointed Council. Members include persons who are knowledgeable about centers for independent living and the services they provide. The majority of SILC members are persons with a disability who are not employed by a State agency or a center for independent living and who represent a broad range of disabilities statewide. The Maine SILC is a non-profit corporation and federal 501(c)(3) tax exempt organization. The Rehabilitation Act of 1973, codified at 29 U.S. Code Sec 796, provides the SILC's enabling legislation and federal mandate.

The Rehabilitation Act mandates that the Chair of the SILC jointly develop with the director(s) of the center(s) for independent living within the State a three-year State Plan for Independent Living (SPIL). The SPIL addresses, on a statewide and comprehensive basis, the needs for the provision of Independent Living services and working relationships between programs providing Independent Living services, such as Alpha One, Maine's Center for Independent Living, and other programs providing services for individuals with disabilities.

Appointment Process

The SILC Membership Committee, serving the recruitment and nominating function, will review your application and if appropriate complete a brief interview.

Applicants are then requested to attend at least one full Council meeting, followed by further orientation and training with the Membership Committee.

The Membership Committee will submit approved applications to the Governor's Office, Department of Boards and Commissions, for processing and consideration by the Governor's Office. The Governor's Office will send applicants a Background Check form. This must be filled out and returned to the address on the form.

The Governor's Office makes final recommendations for appointments to the Governor.

Please send completed forms to membership.mesilc@gmail.com or mail to: PO Box 135
225 Main Street
Saco, ME 04072

If you require assistance, please message us at:

1-888-MESILC-3 ([888-637-4523](tel:888-637-4523)) or membership.mesilc@gmail.com



Maine SILC Application for Appointment

First Name		Last Name	
Email		Phone Number	
Street Address		City or Town	
		Zip Code	

The following information is voluntary and is requested only to assist the nominating committee in ensuring diversity and representation of all disability groups on the council.

What is your gender?

Do you identify as LGBTQIA?

- ☐ Yes
☐ No
☐ Prefer not to answer

Are you Hispanic, Latino or of Spanish origin?

- ☐ Yes
☐ No
☐ Prefer not to answer

How would you describe yourself? Please check all that apply.

- ☐ American Indian or Alaska Native
☐ Asian
☐ African American or Black
☐ Native Hawaiian or other Pacific Islander
☐ White
☐ Prefer not to answer
☐ Other : Please describe



What is your age?

- ☐ Under 18
- ☐ 18-24
- ☐ 25-34
- ☐ 35-44
- ☐ 45-54
- ☐ 55-65
- ☐ 64-84

The following information will help the Memberships/Nominations Committee determine whether or not you are eligible to fill any of the open seats. Not answering the questions will not disqualify you from moving forward.

Please check all that apply.

- ☐ I am a person with a disability
- ☐ I am a parent, sibling or family member of a person with a disability
- ☐ I work for a center for independent living
- ☐ I work for the State of Maine
- ☐ Representative from organization that provides services for individuals with disabilities.

Name of organization that you work for or represent:

Please describe your experiences and qualifications to serve on the council. You may submit your resume in addition to your response here.



Please describe your personal and/or professional experience regarding the needs and concerns of people with disabilities.

Please share why you are interested in appointment to the Maine Statewide Independent Living Council.



Two people who would recommend you for a position on the Maine SILC are:

Name		Phone Number	
Name		Phone Number	

Please feel free to share additional information you think would be helpful.