Committee Application

For consideration to a Washington State Independent Living Council (WASILC) Sub Committee, Please return a signed copy of this form with your responses to WASILC staff at WASILC@dshs.wa.gov.

Name: ________________  Email: ________________
Phone: ________________  Committee Applying For: ________________

If you need any reasonable accommodations to complete this application or participate on this committee, please list them below:

Commitment:
Serving on a committee requires a minimum commitment of 2 hours per month. If you are unable to attend committee meetings or complete tasks, you are responsible for communicating this information to the committee chairperson or the staff liaison.

Preferred Qualifications:

1. Knowledge, talents, expertise, experience, and energy to contribute to the committee.
2. Knowledge and experience of working as a team-member.
3. Specialty area knowledge, such as advocacy, housing, transportation, transition, education, employment, legal, fundraising, finance, human services, specific disability, ADA, Fair Housing, etc.
4. Connection with other groups such as disability, business, civic, education or community groups.
5. Experience with independent living.
6. Willingness to commit to the responsibilities of committee membership.

Updated 03.2022
Please tell us about yourself and respond to the following questions:

1. Why are you interested in serving on this committee?

2. How will participating on this committee benefit you and/or your community?

3. What knowledge, passion, and/or expertise will you bring to the committee?
   a. If you have specialty area knowledge, as listed in preferred qualifications, please include that information in your response.

You can write, record, or film your answers. (There is no length requirement.)

I agree to support and uphold the mission and policy(s) of the WASILC. I am committing to all of the responsibilities and expectations described above. If I am unable to meet my obligations, misrepresent WASILC or lobby while representing WASILC, I understand that I may be asked to resign.

Signature: ___________________________ Date: ____________