

**SOUTH CAROLINA  
STATEWIDE  
INDEPENDENT  
LIVING COUNCIL  
(SCSILC)**

**Membership Application**

Approved: December 2008

Amended:

## **Introduction and Welcome**

Thank you for your interest in serving on the South Carolina Statewide Independent Living Council (SCSILC). Please submit this fully completed application and any additional pages. If you submit any false or misleading information, your application will be denied.

## **Membership Process**

Once your application has been received and reviewed by the Membership Committee, a representative of the SCSILC will contact you. Your application will then go before the full SCSILC membership at the next SCSILC quarterly meeting for approval or disapproval. 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 mail 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. In the meantime, you may call Effy Francis, Membership Committee, at (803) 779-5121 ext. 102 if you have any questions.

Sincerely,

The SCSILC Executive Committee

**A. Basic Information**

TODAY'S DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP \_\_\_\_\_

HOME TELEPHONE NUMBER: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

GENDER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

AGE: \_\_\_\_\_ EDUCATION LEVEL: \_\_\_\_\_

RACE/ETHNIC/CULTURAL BACKGROUND (optional)

\_\_\_\_\_

- Are you a US citizen? YES \_\_\_\_\_ NO \_\_\_\_\_
- What County do you live in? \_\_\_\_\_
- Are you registered to vote in South Carolina? \_\_\_\_\_
- Which Congressional District do you live in: \_\_\_\_\_
- Will you use a personal care assistant or family member to assist you in participating in SCSILC activities? \_\_\_\_\_

- Will you need materials in alternative format? YES \_\_\_\_\_ NO \_\_\_\_\_

If Yes, please specify: \_\_\_\_\_

\_\_\_\_\_

- Which of the following best describes the area in which you live (circle one)

**URBAN      SMALL TOWN/COMMUNITY      RURAL      VERY RURAL**

- Do you have safe, reliable transportation in order to be able to participate in SCSILC activities? YES \_\_\_\_\_ NO \_\_\_\_\_

**B. The SCSILC By-Laws, in compliance with the Rehabilitation Act Amendments of 1992, specify 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.**

- I. \_\_\_\_\_ Individual with a disability/disabilities.

Please specify type of disability/disabilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- II. \_\_\_\_\_ Advocate for individuals with disabilities.

- III. \_\_\_\_\_ Parent/Guardian of an individual (child or adult) with a disability/disabilities.

- IV. \_\_\_\_\_ Affiliations with other organizations, Center for Independent Living (CIL) or State agencies serving people with disabilities.

Please specify: \_\_\_\_\_

V. Are you an employee of this organization, CIL or State agency?

YES \_\_\_\_\_ NO \_\_\_\_\_

Please specify: \_\_\_\_\_

COMMENTS:

**C. Please briefly describe your answers to the following questions.**  
**(attach additional pages if necessary)**

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

II. What is your experience with a disability/disabilities?

III. What does “independent living” mean to you?

IV. What do you know about history and philosophy of independent living?

V. What are they and how would your strengths contribute to the SCSILC?

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

VII. Tell us what areas of the SCSILC's work you would be interested in?

VIII. What do you know about Centers for Independent Living (CILs) and other independent living services in South Carolina?

- IX. What changes or improvements would you like to see in South Carolina, in regards to independent living and/or disabilities?
- X. What (if any) types of accommodations will you need to participate in SCSILC meeting, training, etc. (if not applicable write N/A)
- XI. What (if any) accommodations will you need to travel for SCSILC activities? (Such as hotel arrangements, dietary restrictions, etc., if not applicable, please write N/A.)
- XII. Please give a brief biographical description of yourself. (Include other boards, councils or advisory panels you serve, or have served on, your hobbies, interest, family, accomplishments, awards, education, etc.)

**D. The following questions and requests are mandatory for your application to be considered for membership. (Please attached additional paper if necessary.)**

- The SCSILC will perform criminal background checks at the local, state and federal levels.
- The SCSILC will perform credit checks.
- The SCSILC shall contact all references and previous employers.

I. Have you ever been convicted of a crime (misdemeanor or felony)?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

II. Have you ever been terminated or asked to resign from a job?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:



III. Have you ever been accused, investigated or charged with any crime, including sexual crimes, against children? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, please explain:

IV. Have you ever been accused, investigated and/or charged with any crime, including abuse, of the elderly? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, please explain:

V. 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:

VI. Have you ever declared or are you going to declare bankruptcy?  
Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, please explain:

VII. Do you have any unresolved credit issues, or are you involved in any litigation involving credit issues? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, please explain:

VIII. List three (3) personal references: (other than relatives)

1. Name:

Address:

City/State/Zip:

Telephone Number:

E-Mail Address:

2. Name:

Address:

City/State/Zip

Telephone Number:

E-Mail Address:

3. Name:

Address:

City/State/Zip:

Telephone Number:

E-Mail address:

IX. List your last three (3) employers:

1. Company/Business:

Address:

City/State/Zip:

Telephone Number:

E-Mail Address:

May the SCSILC contact this employer? Yes \_\_\_\_\_ No \_\_\_\_\_

2. Company/Business:

Address:

City/State/Zip:

Telephone Number:

E-Mail Address:

May the SCSILC contact this employer? Yes \_\_\_\_\_ No \_\_\_\_\_

3. Company/Business

Address:

City/State/Zip:

Telephone Number:

E-Mail Address:

May the SCSILC contact this employer? Yes \_\_\_\_\_ No \_\_\_\_\_

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

SC Statewide Independent Living Council  
Attn: Membership Committee  
136 Stonemark Lane, Suite 100  
Columbia, SC 29210  
(803) 217-3209 V/TTY  
(803) 779-5114 FAX  
1-855-410-9555 Toll Free  
[scsilc@scsilc.org](mailto:scsilc@scsilc.org)

Additional Questions, please call:  
Effy Francis, Membership Committee Chairman  
(803) 779-5121 ext. 102