

# ATTENTION YOUNG PEOPLE!

The New York State Independent Living Council (NYSILC) is looking for  
**Youth to form a NEW Youth Advisory Committee!**

The Youth Advisory Committee (YAC) is being formed to help make sure that the NYSILC's work includes the views of youth and young adults who have disabilities. Ten to fifteen young people will be selected to become the founding members of the YAC.

## **To become a member you must:**

- ➔ Be in the age range of 16 to 26.
- ➔ Have a disability.
- ➔ Be able to serve a 2 year term.
- ➔ Be a New York State resident.
- ➔ Members 18 and over must be registered to vote within two months of joining the committee.
- ➔ Complete the application and return it by **July 28<sup>th</sup> 2008**.

## **About the Committee:**

- ➔ The committee will hold two face-to-face meetings per-year unless otherwise stated.
- ➔ The committee will hold a minimum of 1-2 hour conference calls every month.
- ➔ Each call will be focused on:
  - Providing input to the NYSILC's work such as the state plan for Independent Living
  - Building the YAC
  - Learning about the IL Movement
  - Putting forth issues of importance to young people with disabilities
  - Sharing information on statewide action alerts and information related to youth/disability issues.

**Help bring the voice of young people to the independent living movement!  
Apply today!**

The New York State Independent Living Council (NYSILC) is a not-for-profit, non-governmental, consumer controlled organization. The council is composed of 27 appointees from around the state, a majority of whom have disabilities, representing diverse cultures and needs in the state. NYSILC is responsible for the development, implementation and monitoring of the 3-year Statewide Plan for Independent Living (SPIL).

Independent Living means controlling and directing your own life, taking risks, and being allowed to succeed and fail on your own terms.

## **For more information please contact:**

Kieran McGovern

Email: [kmcgovern@suffolkilc.org](mailto:kmcgovern@suffolkilc.org)

Phone: (631) 880-7929



**New York State Independent Living Council (NYSILC)**  
**Youth Advisory Council (YAC)**

**Application**

**Section I: Biographical Information**

Name: \_\_\_\_\_

Gender:  M  F      Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_      Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Check here if you use alternative formats for communication.

Please tell us what formats you use: \_\_\_\_\_

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**Section II: Resume**

Please attach your resume if you have one.

**Section III: Short Answer**

Please write a few sentences to answer each of the following questions.

1. Please describe your experience with an Independent Living Center.
2. Membership on the YAC requires a time commitment. Please describe what amount of time you are willing and able to commit.

## **Section IV: Essays**

Please attach your answers to the following essay questions. Limit your answers to one page per question, 14-point font.

1. The NYSILC's vision is a world where people with disabilities achieve equal opportunities in all aspects of society. Tell us one issue you feel strongly about changing in order to reach this vision. Please include why you chose this issue and any ideas you have about how to go about this change.
2. Please list all the organizations that you are involved with and briefly describe what they do. Please choose one of those organizations and tell us what you as a young person with a disability have done for the organization and what the organization has done for you.

## **Section V: Signature**

This application was completed to the best of my ability. All information about myself is truthful and factual to the best of my knowledge. I completed this application on my own and/or with the assistance of the support person identified above.

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Signature of Applicant

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Date

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Signature of Support Person, if applicable

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Date

**If you have any questions please contact:**

Kieran McGovern

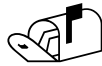
Phone: (631) 880-7929

Email: [kmcgovern@suffolkilc.org](mailto:kmcgovern@suffolkilc.org)

**The application must be completed in full and  
received by July 28<sup>th</sup> 2008**

**Send your application in one complete package to  
one of the following:**

**By Mail:**



NYSILC YAC Application  
Attn: Kieran McGovern  
Suffolk Independent Living  
Organization (SILO)  
3680 Rte. 112  
Coram, NY 11727

Fax: (631) 946-6377

**By Email:**



Address:

[kmcgovern@suffolkilc.org](mailto:kmcgovern@suffolkilc.org)

Subject line: "NYSILC YAC  
Application"