



**INDIANA PROTECTION AND ADVOCACY  
SERVICES COMMISSION CANDIDATE  
QUESTIONNAIRE**

State Form 47973 (R6 / 10-17)

**INDIANA PROTECTION AND ADVOCACY  
SERVICES COMMISSION**  
 Attention: Executive Director  
 4701 North Keystone Avenue, Suite 222  
 Indianapolis, IN 46205  
 Telephone: (317) 722-5555 or (800) 622-4845  
 TTY number: (800) 838-1131  
 Fax number: (317) 722-5564  
 E-mail address: [executivedirector@indianadisabilityrights.org](mailto:executivedirector@indianadisabilityrights.org)

*Thank you for your interest in joining the Commission. Please complete this questionnaire to the best of your ability.  
 If you need assistance, please call (800) 622-4845.  
 Mail, fax, drop-off or e-mail the completed application to the above address.*

Name (last, first)		
Home address (number and street, city, state and ZIP code)		
County	E-mail address	
Home telephone number ( )	Cellular telephone number ( )	Fax number (if any) ( )
Name of employer (if any)		Position
Work address (number and street, city, state and ZIP code)		
Work Telephone number ( )	Fax number ( )	E-mail address
<p>Indiana Disability Rights, the service arm overseen by the Commission, has a mission to protect and promote the rights of individuals with disabilities, through empowerment and advocacy. Please tell us why you are interested in joining the Commission.  <i>Feel free to attach additional pages if you need more room.</i></p>		

<i>Please check any and all that apply:</i>	
<input type="checkbox"/>	I am an individual with a disability.
<input type="checkbox"/>	I have a family member with a disability.
<input type="checkbox"/>	I am a caregiver for an individual with a disability.
<input type="checkbox"/>	I work with one or more individual with a disability. <i>(If checked, please describe.)</i>
<input type="checkbox"/>	I have knowledge of or interest in advocating for individuals with disabilities and their rights.
<input type="checkbox"/>	I work with advocacy organization(s) that serve individuals with disabilities. <i>(If checked, please indicate the organization(s).)</i>

Are you an official or employee of state government?  Yes  No

If yes, what agency or division?

Commission members sometimes have the opportunity to participate in various business activities. Please indicate if you are interested in participating in any of the following areas.	Very interested	Somewhat interested	Not interested
Strategic planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fundraising	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Board development ( <i>recruitment, training, evaluation</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program planning and evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recruiting, hiring and evaluating personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial oversight ( <i>budgeting, accounting</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication, public and media relations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participation in Commission subcommittees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information technology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing, journalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Special events ( <i>planning and implementing</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disability advocacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public education efforts regarding disability / civil rights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please feel free to list here or on a separate page any other areas that may interest you.

Please describe any prior experience you may have had as a volunteer board or committee member.

You are welcome to submit any additional information, such as references or a resume. Please note this is not required in order to be selected to serve on the Commission.

