

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

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 <i>(if any)</i>	Position					
Work address (number and stree	t, city, state and Z	IP code)				
Work Telephone number Fax r	number)	E-mail addres	S			
Indiana Disability Rights, the serve promote the rights of individuals of Please tell us why you are interest Feel free to attach additional page.	vith disabilities, thr sted in joining the (ough empower Commission.	sion, has a mission to protect and ment and advocacy.			

Please	check any and all that apply:						
	I am an individual with a disability.						
	I have a family member with a disability.						
	I am a caregiver for an individual with a disability.						
	I work with one or more individual with a disability. (If checked, please describe.)						
	I have knowledge of or interest in advocating for individuals with disabilities and their rights.						
I work with advocacy organization(s) that serve individuals with disabilities. (If checked, please indicate the organization(s).)							
Are you a	Are you an official or employee of state government?						
If yes, wh	nat agency or division?						
Commission members sometimes have the opportunity to participate in various business activities. <i>Please indicate if you are interested in participating in any of the following areas.</i>		Very interested	Somewhat interested	Not interested			
Strategic planning							
Fundraising							
Board development (recruitment, training, evaluation)							
Program planning and evaluation							
Recruiting, hiring and evaluating personnel							
Financial oversight (budgeting, accounting)							
Communication, public and media relations							
Participation in Commission subcommittees							
Public speaking							
Organization development							
Information technology							
Writing, journalism							
Special events (planning and implementing)							
Disability advocacy							
Public education efforts regarding disability / civil rights							

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.
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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.
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