

# Iowa Olmstead Consumer Taskforce Member Application

## Important Things to Know

- Members serve for three years and new member terms begin at the May 2017 meeting.
- The Taskforce meets six times each year, usually on the second Friday of the month, January through November. ([Link to 2017 Meeting Dates](#))
- Meetings are held at the Pleasant Hill Public Library, which is about 15 minutes east of downtown Des Moines. ([Link to Map](#))
- Taskforce members are strongly encouraged to attend meetings in person, but can participate by conference call when needed.
- Taskforce members are expected to participate in at least one committee. The work of the Taskforce is continued between meetings through the work of committees.

## Visit Our Website

Our website, [www.olmsteadrealchoicesia.org](http://www.olmsteadrealchoicesia.org), has information about the history of the Taskforce and the U.S. Supreme Court's *Olmstead* Decision, and other resources about rights of people with disabilities to be included in all aspects of life in the community.

## Submitting Your Application

This application can be completed on your computer by typing directly into the gray text boxes, and checking the gray check boxes with your cursor. Applications can be saved and emailed, or printed and mailed. To fill this application out by hand please print, and use the backside or additional paper if you need more space.

Submit applications by email to [caitlin-owens@uiowa.edu](mailto:caitlin-owens@uiowa.edu) or mail to Caitlin Owens, Center for Disabilities and Development, 100 Hawkins Drive, Iowa City, Iowa 52242.

To complete and submit the application online visit [www.olmsteadrealchoicesia.org](http://www.olmsteadrealchoicesia.org)

**Applications are due February 8, 2017 by 5pm.**

## Contact Information

Please contact Caitlin Owens at [caitlin-owens@uiowa.edu](mailto:caitlin-owens@uiowa.edu) or (319)384-9376 if you have any questions or would like assistance completing the application, or to request a paper copy of the application through the mail.

## Applicant Information

First and Last Name	
Address	
City, State, Zipcode	
County	
Primary Phone Number	
E-Mail Address	

## Membership Category

The following questions are to get more information on the type of membership you are seeking on the Olmstead Consumer Taskforce.

Please check **YES** if the statement describes you or **NO** if it does not. We have provided space for you to provide a little bit of information for each **YES** box you check.

I am a person with a disability or a family member of a person with a disability.

**YES**  **NO**

If you selected **YES** please explain.

I work for, or am on the board of, a statewide organization that advocates for people with disabilities or long term care needs.

**YES**  **NO**

If you selected **YES** please explain.

I can effectively represent the needs of children or youth with disabilities or long term care needs.

**YES**  **NO**

If you selected **YES** please explain.

I can effectively represent the needs of older lowans with disabilities or long term care needs.

**YES**  **NO**

If you selected **YES** please explain.

I have experience living in an institution, like a nursing home, residential care facility, mental health facility, etc.

**YES**  **NO**

If you selected **YES** please explain.

## About You

Why are you interested in becoming a member of the Olmstead Consumer Taskforce?

Tell us about your advocacy experience. This could be how you have advocated for yourself or a family member, people who live in your community, or other people around the state or country. Please give examples of what you have done in the past to get others to pay attention to issues that are important to you.

What issues are most important to you as an advocate?

Tell us about any work you have done with disability advocacy groups or organizations as a member, volunteer, or employee. Please give examples of how you have been a leader or helped the organization.

If you are employed please tell us who you work for and what you do.

Please share anything else you think might help us when we consider your application.

## References

Please provide the name and contact information for three people who can tell us about your qualifications to serve on the Olmstead Consumer Taskforce.

### Reference 1:

First and Last Name

Organization

Phone Number

Email Address

How do you know this person?

### Reference 2:

First and Last Name

Organization

Phone Number

Email Address

How do you know this person?

### Reference 3:

First and Last Name

Organization

Phone Number

Email Address

How do you know this person?

## Supporting Documents (optional)

Please feel free to attach your resume or any other document you believe would support your application.

**Thank You for Applying!**