



WYOMING INSTITUTE FOR DISABILITIES (WIND)  
CONSUMER ADVISORY COUNCIL

APPLICATION FOR MEMBERSHIP



The Wyoming Institute for Disabilities (WIND) at the University of Wyoming is seeking self-advocates and family members of individuals with disabilities to serve as members on the WIND Consumer Advisory Council (CAC). The members will assist the director of WIND to review programs and to develop strategies to best reach and serve individuals with disabilities, families, and professionals in Wyoming.

Members of the CAC are expected to:

- Attend two in-person meetings a year
- Participate in at least two teleconferences a year, scheduled as need
- Work on increasing advocacy within WIND
- Participate on WIND project advisory committees
- Share resources, ideas, and networks
- Represent WIND at local and regional events

WIND will support members to participate in CAC meetings by:

- Reimbursing travel expenses for meetings
- Providing an accessible meeting space, materials, accommodations, and personal assistants, as required, so all members can participate
- Creating an environment that encourages an opportunity to enhance leadership skills
- Sharing information about the activities of our partners in Wyoming

Future information about WIND and a current listing of our projects can be found on our website at: [www.uwyo.edu/wind](http://www.uwyo.edu/wind). We believe that consumer involvement is a great asset to our work.

If you are interested in volunteering to improve the lives of individuals with disabilities by serving on the WIND Consumer Advisory Council, please fill out this application and return to WIND by E-mail, Fax, or mail:

**Wyoming Institute for Disabilities**  
ATTN: Consumer Advisory Council  
Dept. 4298, 1000 E. University Ave.  
Laramie, WY 82071  
Fax: (307) 766-2763  
(307) 766-2935 | [windcac@uwyo.edu](mailto:windcac@uwyo.edu)

Applicant Information

Name:	
Address:	
Home Telephone:	Cell Phone:
E-mail:	
If you are employed, where do you work?:	
I am a: <input type="checkbox"/> Person with a developmental disability <input type="checkbox"/> I am a family member of a person with a developmental disability <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Grandparent <input type="checkbox"/> Other _____	
Tell us more about your disability or your family member's a disability:	
Why are you interested in serving on the Wyoming Institute for Disabilities Consumer Advisory Council?	

Do you have any experience serving on a board, council, or other leadership experience?

How can you best participate in the CAC? For example, what days and times work best for meetings? What accommodations or training do you need? Do you need child care or a support person to attend?

What else would be important for us to know about you?

## Optional Diversity Questions

These questions are optional. You can chose to answer these only if you would like to tell us more about yourself.

The gender I identity most with is:

- Male
- Female
- Transgender
- Other \_\_\_\_\_

Age:

Race:

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

Ethnicity:

- Hispanic / Latino
- Non-Hispanic / Latino

Would you like to share anything else about your diversity with us?