

# Institute on Disability/UCED



THIS FORM IS AVAILABLE IN  
ALTERNATIVE FORMATS UPON  
REQUEST

Please email by clicking: [contact IOD](#) or call 603-862-4320

## IOD Consumer Advisory Council Application

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

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

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

I am a:

Person with an intellectual or other disability

A person with a disability considers me a family member or a loved one

Parent of a person with a disability

Sibling of a person with a disability

Grandparent of a person with a disability

Guardian of a person with a disability

Other \_\_\_\_\_

1. Please list any group(s) and organizations you have been part of as a volunteer, board member, student or employee, etc. Include the group's name, your role and dates.

2. Please tell us why you want to join the Consumer Advisory Council

- Tell us about your background and areas of interest.
- What viewpoints, interests or talents you can offer to the CAC?
- What do you bring to the Council?

The University of New Hampshire is a public institution with a long-standing commitment to equal opportunity for all. It does not discriminate on the basis of race, color, religion, sex, national origin, age, veteran's status, gender identity or expression, sexual orientation, marital status, disability, genetic information, pregnancy, or political orientation, in admission or access to, or treatment or employment in, its programs, services, or activities.

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3. What topics related to disabilities are important to you?

4. Did someone recommend you for this council?    Yes    No

If yes, who? \_\_\_\_\_

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

6. Do you need accommodations to participate on the CAC?    Yes    No

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