

# Hart-Supported Living Council Application

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

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

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

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Experience with Disability & Community Issues:

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HSL Council members must fit one of the categories below. Please check any categories that fit your qualifications:

- At-Large (2)
- Advocates for Persons with Disabilities
- Professionals and Providers
- Person with a Disability (2)
- Family Member (3)

**COMMONWEALTH OF KENTUCKY  
INFORMATION FOR BOARDS AND COMMISSIONS**

Mail Completed Form To:  
Executive Director  
Governor's Office of  
Boards and Commissions  
Suite 132, State Capitol  
Frankfort, KY 40601

Please indicate Boards/Commissions you wish to consider
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**Please submit a current resume with the application**

Your Name (Last, First, Middle) Mr. Ms. Mrs.		*County	*Congressional District	* Supreme Court District
Home Address	City	State	Zip	
Date of Birth <u>and</u> Social Security Number		*Party Affiliation: Dem. Rep. Ind. (Underline one)		Race & Gender
Your Occupation	Business Phone Number & Fax Number		Residence Phone Number	
Email Address			Mobile Number	
Current Employer	Business Address			
Spouse's Name	Spouse's Employer			

**EDUCATION AND GENERAL QUALIFICATIONS:**

Level	Name of School	No. Years Attended	Did you Graduate	Major Course(s) of Study
High School				
College/Other				
Memberships in Organizations. Also Indicate Current Positions With Political Party or Organization. Indicate Any Public Office Currently Held.				

HAVE YOU EVER BEEN CONVICTED OF A FELONY? \_\_\_\_\_ IF YES, PLEASE INDICATE CHARGE, DATE AND PLACE.

**By signing below, I understand the Governor's Office may conduct a complete check on my background and do hereby authorize such an investigation.**

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REFERENCES (List two persons not related to you, whom you have known for at least one year)

Name	Address	Phone Number	Years Acquainted

\*Necessary for certain boards to comply with state law in regard to balance

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_