

## Partners for Inclusive Communities Community Advisory Committee (CAC)

### **What is the Partners Community Advisory Committee?**

Partners Community Advisory Committee consists of individuals with developmental and other types of disabilities, family members and representatives of government entities/local agencies.

### **What is the Committee's Purpose?**

The Community Advisory Committee is the primary advising and guiding body for Partners for Inclusive Communities. The purpose is to analyze, advise and make recommendations that are reflected in Partners' policies and programs based on its mission. Partners' mission is ***inclusion of people with disabilities in community life.***

### **What are the responsibilities of a Committee member?**

Members bring different perspectives, ideas and views to the committee. Members are asked to attend quarterly meetings, participate as Community Advisory Committee representatives at local and regional events, participate in discussions and provide input regarding Partners' activities and programs. Members also share resources, ideas, and network with each other. Quarterly Committee meetings are held the first Wednesday of March, June, September and December either through Zoom or in-person at Partners' office in Little Rock.

### **If I'm interested in being considered for the Committee, what should I do?**

Consideration forms are accepted and placed on file, with new members considered as openings occur. To be considered, please complete the consideration form and mail it to:

#### **CAC Membership/Nominating Committee**

**Partners for Inclusive Communities**

**10809 Executive Center Drive**

**Searcy Building, Suite 316**

**Little Rock, AR 72211**

## U of A Partners - Community Advisory Committee Consideration Form

To be eligible you must be a resident of Arkansas and be at least 18 years of age. Please check the boxes below to confirm.

- ☐ I live in Arkansas
- ☐ I am age 18 or older

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Please state your interest in serving on the Partners Community Advisory Committee:**

**Please explain what you think "inclusion" means when discussing individuals with disabilities. What does this mean to you?**

**Please share any other particular qualifications or experiences with disability that you feel would benefit the Partners Community Advisory Committee:**

**There are categories of membership on the committee to insure broad-based representation. Please identify the category or categories in which you may qualify:**

- ☐ Individual with an Intellectual / Developmental Disability
- ☐ Family member of an individual with an Intellectual / Developmental Disability
- ☐ Representative of a state agency, local agency or nonprofit agency that serves individuals with Intellectual / Developmental Disabilities

**We strive to include different experiences related to disability. It would be helpful if you would list the specific disability/disabilities of you or your family member. Organizational representatives should give a brief description of the types of disabilities covered by your services.**

**We strive for diversity in representation. Responding to these questions on race/ethnicity may help us achieve that goal. You may check more than one box or choose not to respond.**

- ☐ Asian / Pacific Islander
- ☐ African American / Black
- ☐ American Indian / Alaskan Native
- ☐ Caucasian / White
- ☐ Latino / Hispanic Ethnicity
- ☐ Middle Eastern
- ☐ Bi-racial or Multi-racial/ethnicity
- ☐ Other
- ☐ I prefer not to respond

Signature: \_\_\_\_\_ Date Completed: \_\_\_\_\_