## Increasing Capabilities Access Network (ICAN) Advisory Council Application

Date:			
Name:			
Address:			
City:		Zip:	
Phone: (h)	(wk)		(c)
E-mail:			

Occupation:

Agency or Company (if applicable):

In order to achieve diversity on ICAN's Advisory Council, we would appreciate your response to the following:

Male Female

How would you describe yourself?

	Asian African American Caucasian/White Hispanic/Latino Multicultural (Identified with more than one of the North American Indian or Alaskan Native Pacific Islander Other than above	e above)	
Do yo	u have a disability? Please specify:	Yes	No
Do yo	u use assistive technology(AT)? Please specify:	Yes	No
Are yo	ou a family member of a person with a disability? Please specify their disability and age:	Yes	No

Do they use assistive technology(AT): Yes No Please specify type of AT used:

Would you commit to attend quarterly ICAN Advisory Council meetings of approximately 2-3hours?YesNo

Would you be interested in serving on an advisory council sub-committee? Yes No

Please explain why you are interested in serving on ICAN's Advisory Council.

Signature

Date

Please return the completed application either via email or mail to:

Increasing Capabilities Access Network

ICAN Advisory Council Chairperson 900 West 7<sup>th</sup> Street Little Rock, Arkansas 72204 ican@arkansas.gov