

**NOMINATION FORM**

(If additional space is needed, attach one additional page)

Select your preference: **Board of Vocational Rehabilitation** \_\_\_\_\_  
**Statewide Independent Living Council** \_\_\_\_\_

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

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

Personal Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Disability: \_\_\_\_\_ Yes \_\_\_\_\_ No Occupation: \_\_\_\_\_

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

Current/former recipient of VR/IL services \_\_\_\_\_ Yes \_\_\_\_\_ No

Biographical Sketch: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Previous Board, Council or Community Advocacy Experience: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Information: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Nominated By: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Please Return to:**  
[infors@state.sd.us](mailto:infors@state.sd.us) or  
Division of Rehabilitation Services E  
Hwy 34, HillsvieW Plaza  
c/o 500 E Capitol Ave  
Pierre, SD 57501