

# GUARDIANSHIP & ADVOCACY COMMISSION

Dr. Mary L. Milano, Director

HUMAN RIGHTS AUTHORITY  
LEGAL ADVOCACY SERVICE  
OFFICE OF STATE GUARDIAN



## HUMAN RIGHTS AUTHORITY MEMBER APPLICATION

Please type or print in block letters.

Name: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

(Please include city & zip)

Presently Employed By: \_\_\_\_\_

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

(Please include city & zip)

Past Employment and/or Other Relevant Experience: \_\_\_\_\_

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

Education/Area of Study: \_\_\_\_\_

\_\_\_\_\_

Why does serving on the Human Rights Authority interest you at this time? \_\_\_\_\_

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

How much time can you devote to HRA duties? \_\_\_\_\_

\_\_\_\_\_

Please list any questions you wish answered: \_\_\_\_\_

\_\_\_\_\_

References: 1. \_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

GAC 403-0287 (Rev 11/99)  
IL 537-0047

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

For Office Use Only:

Provider: Y/N Type: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Region: \_\_\_\_\_

Citizen: Y/N

Outcome: