



State of Illinois
JB Pritzker
Governor



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: _____
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