



Application for Senior Services Advisory Council Membership

Name: _____

Phone: Primary _____ Secondary _____

Email: _____

Address (#, City, State, Zip): _____

If Employed, place of employment/position (or if retired, what was your occupation): _____

How long have you lived in Lane County? _____

The Council normally meets every other month (odd numbered months) on the third Friday from 12-2pm. Will you be able to regularly attend meeting at this time? _____



The Senior Services Advisory Council works to improve the quality and range of services for older adults in Lane County. Please describe any training, background or experience including involvement with community groups, which you will bring to the Council to help it achieve this mission:

Please list issues of concern to you that relate to older adults or the work of the Council:

Briefly, let us know why you would like to be a member of the Council:



To help us achieve balanced representation, please let us know this optional information:

Gender Identity: Female Male Agender Non-Binary
 Questioning Not Listed Other Prefer not to Answer

Are you transgender: Yes No Prefer not to answer

Year of Birth: _____

Race/Ethnicity (Check all that apply): Asian Hispanic or Latino/a/x
 American Indian or Alaska Native Black and African American
 Native Hawaiian and Pacific Islander White
 Middle Eastern/North African Other

Signature

Date

Please return to: Senior & Disability Services, LCOG
 Attn: Advisory Council Coordinator
 1015 Willamette St.
 Eugene, OR 97401

Or by email: sdsadvisorycouncil@lcog.org