



Application for Disability Services Advisory Council Membership

Name: _____

Phone: (H): _____ (C) _____ (W): _____

Fax: _____ E-mail: _____

Home Address: _____
(Street or Box #) (City) (State) (Zip)

Business Address: _____
(Street or Box #) (City) (State) (Zip)

1. If employed, place of employment/position: _____

2. How long have you lived in Lane County? _____

3. The Council normally meets every other month (odd numbered months), on the third Friday from 10:30AM to 1:15PM (catered lunch included). Will you be able to regularly attend meetings at this time? Yes No

4. LCOG's Disability Services Advisory Council works to improve the quality and range of services for people with disabilities. Please describe any training, background or experience, including involvement with other community groups, which you will bring to the Council to help it achieve this mission.

5. Please list issues of concern to you that relate to people with disabilities or the work of the Council.

6. Briefly explain why you want to be a member of the Council.

7. In order to satisfy legal requirements and achieve balanced representation, the following information is requested:

Gender Identity: Female Male Transgender Other_____

Do you experience a disability? Yes No

Year of Birth: _____

Race/Ethnicity (Check all that apply): White Asian Black Hispanic/Latino
 American Indian/Alaska Native Native Hawaiian/Pacific Islander Other

(Signature)

(Date)

Please return to:

**Attn: Advisory Council Membership Coordinator
Senior & Disability Services, LCOG**

1015 Willamette Street

Eugene, OR 97401

Email: sdsadvisorycouncil@lcog.org

Fax 541-682-2484