



**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 1:00PM (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@lco.org](mailto:sdsadvisorycouncil@lco.org)**

**Fax 541-682-2484**