

ADRC Operations Council Membership Application

Name: _____ Phone/home: _____ Work: _____

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:

2. How long have you lived in Lane County?

3. The ADRC's Operation Council works to support the desire of individuals with disabilities or who are aging to remain independent, healthy, safe and active in their home communities. Please describe any TRAINING or EXPERIENCES, including involvement with other community groups, which you will bring to the Council which will help it achieve its mission.

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

5. The Council normally meets monthly on the 4th Wednesday from 1:30-3:00pm at 859 Willamette St., Eugene. Will you be able to regularly attend meetings at this time?
Yes No

6. In order to satisfy Oregon ADRC Standards and achieve balanced representation, the following information is requested:

Female Male Identify with GLBTQ Community Choose not to indicate

_____ Year of birth

Do you self-identify as having a disability? Yes No

Are you a Caregiver? Yes No

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

Ethnicity: Hispanic/Latino Other

Is your community?: Urban Rural

Do you consider yourself a consumer of:

Senior & Disabled Services (S&DS)

Lane Independent Living Alliance (LILA)

Lane County Developmental Disabilities Services

Lane County Behavioral Health Services

Oregon Department of Human Services

Other: _____

General Consumer of services for older adults or adults with disabilities

(Signature)

(Date)

Please return to by August 22, 2014:

Rachel Jacobsen, ADRC Unit Manager

Senior & Disabled Services, LCOG

1015 Willamette Street

Eugene, OR 97401

Fax: 541-682-2484

Email: rjacobsen@lcog.org

