

Application for Senior Services Advisory Council Membership

Name: _____

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

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:
(or if retired, what was your occupation) _____

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 11:30AM to 2:30PM (catered lunch included). Will you be able to regularly attend meetings at this time? Yes No

4. 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 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 older adults or the work of the Council.

6. Briefly let us know why you would like to be a member of the Council.

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

Gender Identity: Female Male Transgender Other_____

Year of Birth: _____

Race/Ethnicity (Check all that apply): Asian Black Hispanic/Latino

Native American/Alaska Native Native Hawaiian/Pacific Islander

White If not listed, please list here _____

(Signature, Typed Electronic Signature
Acceptable)

(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