

**Aging & People with Disabilities**  
In Partnership with the RVCOG Area Agency on Aging

**Disability Services Advisory Council  
Membership Application**

**Contact information**

Name:		
Mailing address:		
City:	State:	ZIP:
Home phone:		Cell phone:
Email address:		
Place of employment:		
Work address:		
City:	State:	ZIP:
Work phone:		
Email address:		

All applicants must fill out 1 and 2 below\*.

1. Are you a person with a disability:  
☐ Yes   ☐ No
2. Do you receive services from the Department of Human Services Aging and People with Disabilities:  
☐ Yes   ☐ No

**Experiences**

List any of the following experiences you have working with people with disabilities:

- Educational

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\*Senate Bill 875 (1989), ORS 410.210

- Work
- Volunteer
- Personal

Describe how your life experiences, including those above, have had an impact or influence on your life.

Describe why you want to be a council member.

What do you see as the purpose of the Disability Services Advisory Council (DSAC)?

What skills would you bring to the advisory council?

What do you expect to gain from volunteering with the advisory council?