**­Name:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Street Address:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Zip code:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **E-mail** (if applicable)**:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**County of residence:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**County of work or volunteerism** (if applicable)**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employer - paid or unpaid** (if applicable)**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**1. Why are you interested in joining this advisory council?**

**2. How do you plan to carry the needs, wishes, and strengths of the  
people in your community forward to Aging, Disability, and Veterans Services  
when you are serving on the advisory council(s)?**

**3. Describe a time you were part of a group working towards a common  
goal. What were your contributions and how did you grow with that experience?**

**4. What perspective, experience, or skills do you hope to bring to  
the group? What has been difficult for you when working in groups when including  
all voices, working together across differences, and equity are critical values?**

**5. Describe your connections with local historically marginalized  
communities.**

**6. In your opinion, what are the top three issues affecting older  
adults, people with disabilities or Veterans? What role or actions would you like  
to take as an advisory council member to influence these?**

**7. Is there anyone else you know that might also want to join an  
advisory council?**

*The voluntary and confidential collection of demographic information helps Aging, Disability, & Veterans Services hold ourselves accountable to our Mission, Vision and Values. With your help, we work to ensure our advisory councils are reflective of, and responsive to, the evolving needs of Multnomah County. Thank you, in advance, for your willingness to share a bit about yourself.*

**8. What is your race or origin?** (*Circle as many as appropriate*)

* African
* Asian
* Black/African American
* Latino/Hispanic
* Middle Eastern
* Native American or Alaska Native
* Native Hawaiian or Pacific Islander
* Slavic
* White
* Decline to answer

**9. What is/are your preferred language/s?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**10. Employment Status: Are you currently…?** (*Circle all that apply*)

* Employed or self-employed
* Unemployed or underemployed
* Unable to work
* Volunteer
* Retired

*The advisory council is required to be made up of more than 50% older persons, including minority individuals, who participate or who are eligible to participate in our programs.*

**11. What is your status?** (*Circle one*)

* I am eligible or currently receive services from ADVSD, directly or through one of the contracted community-based organizations
* I’m not sure

**12. Are you currently…?** (*Circle one*)

* Living with a visible disability
* Living with an invisible disability
* Living without a disability

**13. Age:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*Birth month and year*)

*We anticipate meetings to be two hours in length, with additional time for breaks, refreshments, and socializing. The selected advisory council members will have some control over deciding meeting length and location(s).*

**14. Generally speaking, when would you prefer council meetings?**

(*Circle as many as appropriate*)

* Weekday mornings
* Weekday afternoons
* Weekday evenings

**15. What else do you feel it might be important for us to know about you?**