



Advisory Council Member Application

Mission: *Assisting individuals with developmental disabilities to pursue a quality of life that is consistent with their preferences and choices.*

Vision: *Full Access envisions a world where equal access ensures that all people live, work, and recreate in their community consistent with their preferences and choices. This is a world where partnerships thrive and support is a natural extension of community membership. In the Full Access vision, dreams are pursued through active community participation, choices, and advocacy.*

Advisory Council Term Limits: The advisory council term is for two years. After your two-year term, you may apply again after a one-year break. This allows us to enable new members to bring in new ideas and lets old members come back with fresh thoughts.

If you need an alternative format for your application or assistance completing this form, please call Full Access at 541-284-5070.

Name: _____

Address: _____

Phone: _____

Email: _____

Gender: Male Female Non-Binary Other: _____

Preferred pronouns: He/Him/His She/Her/Hers They/Them/Theirs Other: _____

Age: under 21 22-34 35-49 50-65 66+

Ethnicity: American Indian/Alaska Native Asian Black or African American Hispanic/Latino
 Native Hawaiian or Pacific Islander White Other: _____

Why do you want to be a member of the Advisory Council and how do you think you can help Full Access?

Please complete both pages of application.

What days and times are best for you to go to meetings?

If you have been involved in other committees or similar activities, please describe.

Applicant's Signature: _____ **Date:** _____

Thank you for taking the time to complete and return this form. You will be notified within 3-4 weeks regarding the status of your application.

Return completed application and one letter of reference to:

**Full Access
Attn Maggie
1240 Charnelton St.
Eugene, OR 97401**

Or

Mvanwey@FullAccess.org