



Oregon

Kate Brown, Governor

**Oregon Deaf and Hard of Hearing Services
APPLICATION FOR MEMBERSHIP ON THE
ODHHS ADVISORY COMMITTEE**

Please return your completed application to: ODHHS,
Attn: AC app, 500 Summer St NE, E-02, Salem, OR 97301.
Or complete form, scan, then email to:
odhhs.info@dhsosha.state.or.us (Optional: include a letter of
reference and/or resume)

APPLICANT INFORMATION

NAME

MAILING ADDRESS

MAILING CITY, STATE, AND ZIP CODE

COUNTY

EMAIL ADDRESS

TELEPHONE #

VIDEOPHONE #

COMMUNICATION AND ACCOMMODATION

With which do you most identify? (check one)

- | | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> Deaf | <input type="checkbox"/> Deaf-Blind | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Hard of Hearing | <input type="checkbox"/> Hard of Hearing-Blind | |
| <input type="checkbox"/> Late Deafened | <input type="checkbox"/> Hearing | |

Reasonable accommodations (check your preference(s))

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> Sign Language Interpreter | <input type="checkbox"/> Large print | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Close Vision Interpreter | <input type="checkbox"/> Tactile (DeafBlind) | _____ |
| <input type="checkbox"/> Certified Deaf Interpreter (CDI) | <input type="checkbox"/> Braille – Grade 1 | |
| <input type="checkbox"/> Assistive Listening System (ALS) | <input type="checkbox"/> Braille – Grade 2 | |
| <input type="checkbox"/> Computer Assisted Real-Time Transliteration (CART) | | |

AFFIRMATIVE ACTION – TO MAINTAIN DIVERSE REPRESENTATION

The shaded grey area is optional.

GENDER

- Male
 Female
 Other

RACE OR ETHNICITY

- Alaskan Native or American Indian
 Asian or Pacific Islander
 Black/African American

- White
 Latinx
 Other:

QUESTIONNAIRE

Please answer the following questions. You may attach additional pages.

Why are you interested in serving on the ODHHS Advisory Committee?

Are there any specific issues that you want to work on if you serve on the committee?

Please share any ideas you may have about how we can honor diversity within the Deaf and hard of hearing communities?

Are you involved with anything that could cause a potential conflict of interest with your responsibilities as a potential ODHHS Advisory Committee member? (For example, are you a staff or board member of any organizations that contract with ODHHS?)

Members are required to attend and participate in a minimum of four (4) meetings per year and participate in subcommittee or workshop activities. Members are expected to serve as a resource, to be actively involved, to respond to mail polls and to participate in local events. If appointed as a member, I will meet this commitment.

YOUR SIGNATURE

DATE

PRINT YOUR NAME HERE

EMAIL ADDRESS