# **Application for Primary or Alternate Membership**

Are you interested in serving as a primary or alternate member on the Disability Emergency Management Advisory Council (DEMAC)? Please complete and submit the information in the form below.

To submit the application, use any of the following options:

* Complete and print the form below and mail it to

Anna Feigum

500 Summer Street NE, E11

Salem, OR 97301

* Fill in the form below electronically, save it, and email it to [oregon.masscare@state.or.us](mailto:oregon.masscare@state.or.us)
* Call Anna Feigum at 503-510-9361 to submit your responses by phone
* Contact Krista Aquinas-Gallagher at 503-454-6100 or [krista.aquinas-gallagher@dhsoha.state.or.us](mailto:krista.aquinas-gallagher@dhsoha.state.or.us) to share your responses in ASL

If you would like a version of this form that can be printed and completed by hand, or if you need this form in another language or format, contact [oregon.masscare@state.or.us](mailto:oregon.masscare@state.or.us).

## Please complete all information below.

1. First Name: Click or tap here to enter text.
2. Last Name: Click or tap here to enter text.
3. Email: Click or tap here to enter text.
4. Phone Number: Click or tap here to enter text.
5. City or town where you live: Click or tap here to enter text.
6. I would like to serve as: *(check all membership levels you are interested in)*

Primary member

Alternate member

If you would like to serve as a primary member, is there a person with similar experience to yours whom you can recommend to serve as an alternate? This recommendation is helpful but not required.

Click or tap here to enter text.

If you prefer to serve as an alternate member, is there a person with similar experience to yours whom you would like to nominate to serve as a primary member? This recommendation is helpful but not required.

Click or tap here to enter text.

1. What expertise do you bring to the group? *(check all that apply to you)*

I have lived experience as a person with a disability.

To make sure that the council has a balance of disabilities and that the majority of council members are persons with disabilities, please share the type of disability or disabilities you experience:

Click or tap here to enter text.

I identify as a member of a non-dominant cultural, racial, ethnic language or other group.

To make sure that the council has balanced representation, please share which group or groups you identify with:

Click or tap here to enter text.

I am a parent or guardian of a person with a disability.

I am an emergency manager.

I have experience in public health emergency preparedness.

I have experience in providing disability services.

I have experience in community response efforts during or after disasters (mass care services and recovery).

1. If you represent an organization or agency, what is its name?

Click or tap here to enter text.

1. What other disability and/or emergency preparedness groups are you affiliated with? (for example, CERT/NET, Red Cross, commissions, coalitions, etc.)

Click or tap here to enter text.

1. Why do you want to serve on this council?

Click or tap here to enter text.

1. Prior experience in emergency preparedness is not required for council members. If you do have any experience in preparedness or any related training, please describe it here.

Click or tap here to enter text.

1. What are you passionate about when it comes to accessibility, emergency preparedness and disaster response? Check all that apply.

Transportation

Sheltering

Effective communication

Service animals

American Sign Language interpretation

Limited English proficiency

Children and youth with special healthcare needs

Physical accessibility

Evacuation planning

Health care after a disaster

Durable medical equipment

Personal preparedness

Continuity of operations for organizations

Other: Click or tap here to enter text.

1. What accommodations do you need to participate in meetings, phone calls or webinars?

Click or tap here to enter text.

1. Other relevant information?

Click or tap here to enter text.