



University Center for Excellence in Developmental Disabilities

Community Partners Council (CPC) Membership Application Form

The purpose of this form is to help the CPC's Executive Committee evaluate the applicant's qualifications, experience and interest for membership with the CPC.

Please complete the entire form and return to:

Email (preferred): ucedd@ohsu.edu

Mail: University Center for Excellence in Developmental Disabilities

Oregon Health & Science University

Mail Code: CDRC

707 SW Gaines St. Portland, OR 97209

Please contact us if you need help completing this form or need an alternative format.

PERSONAL INFORMATION

First Name _____ Last Name _____ Pronouns _____

Home Address _____

City _____ State _____ Zip _____ County _____

Employer or agency affiliation _____ Occupation _____

Home Phone () _____ Business Phone () _____ ext _____

E-mail address _____

Highest Level of Education Completed _____

Under state and federal law, this information may not be used to discriminate against you and will be kept private. The UCEDD reports this information to our funders and all information below is reported as anonymous. Please check all that apply:

Gender

Male Female Transgender Self describe Not listed Prefer not to answer

Race/Ethnicity (check all that apply)

American Indian or Alaska Native Black or African American Asian Native Hawaiian or Other Pacific Islander

Hispanic or Latinx White Not listed Prefer not to answer

EXPERIENCE WITH DISABILITY (select all that apply)

I am a person with a disability.

Please describe your disability:

I am a family member of a person with a disability.

Please describe relationship:

I am a representative or employee of a self-advocacy, disability, or community organization.

Please list organization:

COMMUNITY CONNECTIONS: Please list groups and organizations you are connected with including any roles as a volunteer, board member, student or employee.

Organization Name and Role

City, State

Dates

ACCOMODATIONS: The UCEDD is able to assist with reasonable accommodations to help members with meeting access. This includes all meeting materials, transportation to and from meetings and participation in quarterly meetings. Providing food for members with dietary restrictions and other accommodations on a case-by-case basis is also included. Members who require a personal support assistant during meetings will need to provide their own staff.

Please list any accommodations you may need to participate in the CPC quarterly meetings, or indicate further description on the Support Needs Form:

INTEREST IN THE CPC: Describe in detail why you are interested in serving on the OHSU University Center for Excellence in Developmental Disabilities Community Partners Council. Include information about your background and particular areas of interest. Additional paper may be used as needed.

Did someone recommend you for this council? If yes, who? _____

If selected, I accept the roles and responsibilities as a member of the Community Partners Council as described on the attached form.

Signature _____

Date _____

(Typed signature is fine)



University Center for Excellence in Developmental Disabilities

Support Needs Information Form

The members of the Community Partners Council value each member's abilities, perspectives and contributions. We recognize and accept that everyone has their own specific support needs. We are committed to making sure each member can fully participate in the Council's activities. Please help us meet your specific support needs by sharing with us how we can best support you.

Please show which of the areas below you would like support (if more space is needed, please feel free to add another page):

1. Details and logistics of the meeting (Examples: Location of the meeting and bathrooms, prefer meeting materials prior to the meeting, etc.)

Please list:

2. Food and Drinks (Examples: Carrying food or drinks, cutting up food, assisting with eating and drinking, etc.)

Please list:

3. Special Diet (Examples: No salt, low-fat, vegetarian, diabetic, etc.)

Please list:

4. Transportation (Examples: Arranging rides (bus, train, etc.), getting to and from the bus stop, etc.) Please list:

5. Translation:

6. Other: