

# Oregon State Rehabilitation Council Membership Application Questionnaire

## SRC Purpose

The State Rehabilitation Council (hereafter called Council), provides guidance at the systemic and policy level that assures that Oregon Vocational Rehabilitation Division (hereafter called Division), assists Oregonians with disabilities, achieve meaningful employment and independence.

The Council provides the Division with an external, consumer-oriented perspective. The Council advises the Division on the vocational programs, policies, services and other issues that affect Oregonians with disabilities.

The Council provides consumers, business representatives, service providers and other citizens with a formal mechanism to influence the direction rehabilitation services in Oregon.

1. The SRC is composed of highly committed and energetic individuals. Do you feel you could share our commitment and energy as we fulfill our purpose?

YES \_\_\_\_\_ NO \_\_\_\_\_

2. SRC members are required to serve on a committee and to attend the quarterly business meetings. You would be asked to dedicate time (2-4 hours per month) to one committee of the SRC in addition to attendance of the SRC quarterly business meetings that are one to one-half or two full days in length. Will you be able to commit to attending these meetings?

YES \_\_\_\_\_ NO \_\_\_\_\_

### 3. **DEMOGRAPHICS:**

WHAT REGION WILL YOU REPRESENT?

\_\_\_\_\_ Eastern Oregon

\_\_\_\_\_ Oregon Coast

\_\_\_\_\_ Southern

\_\_\_\_\_ Oregon Mid-Columbia

\_\_\_\_\_ Central Oregon

\_\_\_\_\_ Willamette Valley

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ABOUT YOU:  
(Please check all that apply)

- Person with a disability
  - Community advocate
  - Representative of a person with a disability
  - Representative of the business community
  - Representative of a community rehabilitation service provider
  - Representative of a racial/ethnic minority group
  - Person 16 - 21 years old
  - Person 55 years or older
  - VRD consumer  case open  case closed
  - Other:
- 

Please list any membership(s) in other organization that related to the interest of individuals with disabilities:

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What subcommittee would you be interested in?

- |                                     |                                      |                                     |
|-------------------------------------|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Policy     | <input type="checkbox"/> Legislative | <input type="checkbox"/> Evaluation |
| <input type="checkbox"/> Membership | <input type="checkbox"/> Business    |                                     |

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

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**PROCEDURE:**

We endeavor to ensure that there is a balance of geographic and ethnic representation on the Council and are required to have a majority of our members be persons with disabilities.

After you have completed and returned this form and the Executive Appointments Interest Form you will be invited to attend a SRC quarterly meeting and an interview with one of the Membership or Executive Committee members will be scheduled.

Thereafter, your application will be directed to the membership committee, which will make a recommendation to the full Council for a vote. After the Council has voted to recommend an applicant for Governor approval, your application is forwarded to the Office of the Governor, Executive Appointments with a "do appoint" recommendation.

If you are not selected by the SRC due to the number of qualified and committed applicants applying to the SRC during this round of appointments, your application will be kept on file so that we may re-contact you in regards to future appointment opportunities.

**OUR COMMUNICATIONS WITH YOU:**

You will receive acknowledgment upon receipt of your application. The acknowledgment will tell you when the membership committee will meet to make its recommendations to the full SRC.

Once the membership committee has met, we will tell you why your application was accepted or denied.

In the case of acceptance, we will tell you when your application will go before the Council for a vote. If you are selected for membership, you will be kept apprised of the status of your application for gubernatorial appointment.

We thank you for taking the time and energy to offer to represent a segment of Oregonians with disability on this Council.