

# Disability Power PDX

## Spring 2018 Application

Thank you for your interest in Disability Power PDX!

*Do you have questions or need accommodations (like interpretation or information in another format) to complete your application? Call Joanne at 503-823-9970 or email [joanne.johnson@portlandoregon.gov](mailto:joanne.johnson@portlandoregon.gov).*



Before you apply please review the [Disability Power PDX Spring 2018 Information](#). It includes important information on what we will do in Disability Power PDX, our values, how members will be selected, required dates, and more.

*This year, we can accept responses in writing, video or audio!*

You may apply by:

1. **Emailing** this completed application to [joanne.johnson@portlandoregon.gov](mailto:joanne.johnson@portlandoregon.gov)
2. **Mailing** this completed application to:

*Joanne Johnson  
Disability Program, Portland City Hall  
1221 SW 4<sup>th</sup> Ave., Portland, OR 97214  
(Applications must be received by the due date.)*

3. Emailing a link to your **audio or video** responses

Please follow these instructions to submit an Audio or Video application:

[Instructions-Word](#) or [Instructions-PDF](#)

4. If you need to apply in another way, please contact Joanne by phone or email.

*If you decide to apply in a language other than English, we will pay to have your application translated into English.*

***You may contact us with questions at any time.***

***We will be hosting an optional Q&A phone call on November 20<sup>th</sup> at 5:30 PM. To join us, call 503-823-9322.***

**Applications must be received by: Monday, December 4<sup>th</sup> 2017**

## Your Contact Information

Name:

Pronouns used (examples: he, she, they, ze, etc):

Email:

Phone:

*I prefer to be contacted by phone or email:*

Address:

*Alternate Contact (Optional)*

**Only fill this in if you want us to contact someone else in addition to you about your application.**

Name:

Phone or email:

## Application Questions

*To complete your application, please respond to the following questions. It is okay to share short or longer responses—whatever best represents your thoughts and ideas. Please attach additional pages if you need more space.*

**1. I have reviewed the *Disability Power PDX Spring 2018 Information and I meet these requirements:***

I am an individual with a disability/disabled person

I have reviewed the scheduled dates and can commit to attending all DP2 activities

I am interested in becoming more engaged in local government and/or communities

*If ALL of the above do not apply to you, you may not be eligible to participate. Please contact Joanne before continuing this application.*

*(questions continue on the next page)*

2. Please share what makes you interested in being part of Disability Power PDX. What would you most like to learn or gain from this experience?
  
3. How do you plan to use what you've gained?
  
4. What perspectives or experiences do you hope to share with other DP2 Members?
  
5. How have you been involved in your community (or communities)?
  
6. Please describe your ideal way of being engaged or involved in your community. What would you be doing? Who would you be doing it with? Where?

*Thank you for completing the application!*

**We will contact you the week of January 8<sup>th</sup> 2018 if you are selected to participate.**

*The following pages are optional—you do NOT have to complete them to be considered.*

## OPTIONAL INFORMATION

**Please note this information is not required.** *Providing this information will not help or hinder the success of your application. We are asking for it because we want to make sure City of Portland programs are fair, inclusive, and are reaching people equitably.*

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*If you do provide information requested below, Oregon and US law prohibits using it to discriminate against you. The City of Portland will keep this information confidential.*

**You may leave any question blank.**

*We are trying out new questions this year to collect more accurate information about Portland's communities. If you have questions, concerns, or would like to offer feedback on these questions, please contact Joanne at 503-823-9970.*

### Age

- 18-25       26-39       40-55  
 56-70       Over 70

**Race and Ethnicity** Which of the following describe your racial or ethnic identity? Mark all boxes that apply AND print details in the space below. You may report more than one group.

- AMERICAN INDIAN OR ALASKA NATIVE For example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, etc.
- ASIAN For example, Chinese, Filipino, Asian Indian, Vietnamese, Korean, Japanese, etc.
- BLACK OR AFRICAN AMERICAN For example, African American, Jamaican, Haitian, Nigerian, etc.
- HISPANIC, LATINO, OR SPANISH ORIGIN For example, Mexican, Puerto Rican, Cuban, etc.
- MIDDLE EASTERN OR NORTH AFRICAN For example, Lebanese, Iranian, Egyptian, Syrian, Moroccan, etc.
- NATIVE HAWAIIAN OR PACIFIC ISLANDER For example, Native Hawaiian, Samoan, Chamorro, Tongan, etc.
- WHITE For example, German, Irish, English, Italian, Polish, French, etc.
- SOME OTHER RACE OR ORIGIN Print race or origin: \_\_\_\_\_
- DECLINE TO STATE

Please provide detail about your race, ethnicity, tribal affiliation, ancestry, etc. (For example, African American, Blackfeet Tribe, Chinese and Native Hawaiian, etc.) \_\_\_\_\_

**National Origin** Were you born outside the USA?  Yes  No

Where were you born? \_\_\_\_\_

**Language** What language(s) do you speak at home? \_\_\_\_\_

**Disability** Do you identify as a disabled person, or have or live with a disability?  Yes  No

Please describe the nature of your disabilities. Please check all that apply.

- Mobility  Visual  Hearing  Cognitive  
 Mental Health  Intellectual  Invisible  Do not wish to disclose

Other: \_\_\_\_\_

**Gender identity** (please check all that apply)

- Female  Male  Transgender  Cisgender  Gender non-conforming  Genderqueer  
 Agender  Self-identify: \_\_\_\_\_

**Sexual orientation** (Please check all that apply)

- Straight  Lesbian  Gay  Bisexual  Asexual  Two Spirit  Queer  
 Self-identify: \_\_\_\_\_

**Geographical area of City you live or work in** (whichever you identify with)

- Central city  Inner Northeast  Inner Southeast  
 Outer East (East of I-205)  North  Northwest  
 Southwest

**Total household income**

- Less than \$19,999  \$20,000 to \$39,999  \$40,000 to \$59,999  
 \$60,000 to \$79,999  \$80,000 to \$99,999  \$100,000 to \$149,999  
 \$150,000 or more

**Thank you for sharing this information.**