

Oregon Brain Injury Advisory Committee Membership Application

Contact information

First and last name: _____

Preferred name: _____ Preferred pronouns: _____

Mailing address: _____

City: _____ State: _____

Zip code: _____ County: _____

Home and cell phone: _____

Personal email address: _____

Employer's name, if applicable: _____

Work address: _____

City: _____ State: _____ Zip code: _____

Work phone: _____

Work email address: _____

Preference for phone communication:

Home Cell phone Work phone

Preference for email communication:

Personal email Work email

The questions below are required.

1. Have you personally experienced a brain injury?

Yes No

1a. If Yes, how old were you **when you had the brain injury?**

Select the appropriate age range:

1-20 21-40 41-60 61-plus Prefer to not answer

2. Do you **assist a person with a brain injury** in your home or in their home?

Yes No

2a. If yes, how old is the person you assist?

Select the appropriate age range:

1-20 21-40 41-60 61-plus Prefer to not answer

2b. How old was the person when they had the brain injury?

Select the appropriate age range:

1-20 21-40 41-60 61-plus Prefer to not answer

3. How do you identify:

- Gender: _____
- Race: _____
- Ethnicity: _____
- Tribal affiliation: _____
- Prefer not to answer:

4. Do you identify as a person with a disability or other chronic condition?

Yes No

If you answered “Yes” to question 1, please skip question 5 and go to question 6.

Experiences

5. If you answered “No” to question 1, check all of the following areas where you have gained experience working with or helping someone with a brain injury:

Educational setting

Personal

Volunteer

Work

Other (Explain): _____

