

Increasing Capabilities Access Network (ICAN) Advisory Council Application

Date:

Name:

Address:

City:

Zip:

Phone: (h)

(wk)

(c)

E-mail:

Occupation:

Agency or Company (if applicable):

In order to achieve diversity on ICAN's Advisory Council, we would appreciate your response to the following:

Male

Female

How would you describe yourself?

- Asian
- African American
- Caucasian/White
- Hispanic/Latino
- Multicultural (Identified with more than one of the above)
- North American Indian or Alaskan Native
- Pacific Islander
- Other than above

Do you have a disability?

Yes

No

Please specify:

Do you use assistive technology(AT)?

Yes

No

Please specify:

Are you a family member of a person with a disability?

Yes

No

Please specify their disability and age:

