



ADVISORY COUNCIL TO THE DISABILITY AND AGING SERVICES COMMISSION  
MEMBERSHIP APPLICATION FORM

1. Name: LISA Ann Cook  
First Middle Last

2. Address: [Redacted]

San Francisco CA 94102.  
City State Zip

3. Telephone Numbers: Home: [Redacted] Work: \_\_\_\_\_  
Email: [Redacted] Cell: N/A

4. Current Employer: N/A  
Address: \_\_\_\_\_  
Number Street  
\_\_\_\_\_  
City State

5. Date of Birth: [Redacted]

6. Will you be able to commit the time necessary to carry out the duties of a member of the Advisory Council?  
 Yes  No

7. Are you willing to serve on at least one Advisory Council committee?  
 Yes  No

8. What is your educational background?  
I did a Range of Classes with T.N.D.C. org  
Food justice, food po Currently going to School.  
to get High School diploma, Drug Counsellor,  
Community Outreach. worker

9. List Organizations and Clubs of which you are a member.

Aimms project, Food justice, Pedestrian etc.  
\_\_\_\_\_  
\_\_\_\_\_

10. List areas of special interest (e.g. housing, transportation, mental health).

housing and Transportation, food justice  
Public Speaker  
\_\_\_\_\_  
\_\_\_\_\_

11. Check one of the following (optional):

- African American
- Asian/Pacific Islander
- Japanese
- Chinese
- Filipino
- Samoan
- Korean
- Other
- Caucasian
- Latino/Hispanic
- Central American
- Mexican American
- Other
- Native American
- Other African American

Lise Cook  
Signature of applicant

9/12/23  
Date

return to: Ravi Durbeej  
Ravi.Durbeej@sfgov.org  
Department of Aging and Adult Services  
1650 Mission Street, 5<sup>th</sup> Floor  
San Francisco, CA 94103  
(415) 307 - 0609