



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, 5th Floor
San Francisco, CA 94103
(415) 307 - 0609