Community Budget Advisory Committee (CBAC) Application



Thank you for completing this CBAC application. Please note that the information provided in this document is public information - personal information will be held in confidence as allowed by law. If you have questions or would like to connect with staff in the Office of Community Involvement, feel free to call us at 503-988-3450 or send an email to community.involvement@multco.us. For an online application, visit multco.us/oci.

First Name:	Last Name:			
Pronouns (e.g., he/him, she/her, they/them):				
Phone:	Email:			
Home Address (including zip code):				
Employer:	Occupation:			
Which Community Budget Advisory Committee are you interested in joining? Please indicate a first choice (required) and a second choice (optional) from the list of departments below.				
First Choice:				
Second Choice:				

- Department of Community Justice
- Department of Community Services
- Departments of County Assets & Management
- Department of County Human Services
- Health Department
- Joint Office of Homeless Services
- Multnomah County District Attorney
- Multnomah County Sheriff's Office
- Non-Departmental (includes 16 small County offices)

When are you able to meet?			
	Daytime	Evening	Both
	Other (please explain):		
Please te	ell us why you are interested	d in joining a Budget Adviso	ry Committee. (About 500 words or less)
	escribe any past or current ce. Optional: please include		cluding volunteer, committee, and board budgets.
applicabl	e. Ex. If you are an employee s contracts with the County. N	or a board member for an org	ated to any county department, if ganization that receives county funding e not eligible to serve on Budget Advisory

Please provide us with a summary of your work and volunteer experience. You may provide a written response or attach a resume. If you wish to submit a formatted resume, you may attach it to this application or email it to community.involvement@multco.us.
Is there anything else you'd like us to know?
How did you find out about this opportunity?
Sign up for the Office of Community Involvement email list to receive updates about new volunteer opportunities on advisory boards & committees.
Yes, please sign me up!

Optional Questions

The following questions are optional and are used by the Office of Community Involvement to track the effectiveness of our outreach efforts. Date of Birth (Month/Day/Year): Your Gender: Male Female Transgender - FTM Transgender FTM Unknown Other: Your race/ethnicity: American Indian or Alaska Native Asian Black or African American Hispanic or Latino/a

Native Hawaiian or Pacific Islander

White

Other: