

Budget Advisory Committee (CBAC) Application

Thank you for completing this CBAC application. Please note that the information provided in this document is public information. 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 & Honorifics (e.g., he | / she / they / Dr. / Mr. / Ms. / Mrs.): | | | | |
| Phone: | Email: | | | | |
| Home Address (including zip co | ode): | | | | |
| | | | | | |
| Employer: | Occupation: | | | | |
| Are you a resident of Multnomal You must be a resident of Multnomah Cou | h County? Inty to serve on a Budget Advisory Committee. | | | | |
| □ Yes | | | | | |
| □ No | | | | | |
| ☐ Other (please explain) |): | | | | |
| Areas of Interest: | | | | | |
| □ Community Services | | | | | |
| ☐ County Assets & Mana | agement | | | | |
| □ Non-Departmental (includes 16 small County offices) | | | | | |
| ☐ Human Services | | | | | |
| □ Community Justice | | | | | |
| ☐ Sheriff's Office | | | | | |
| ☐ District Attorney | | | | | |
| □ Health | | | | | |
| □ Library | | | | | |
| □ Other (please specify) | j. | | | | |

| When are you able to meet? | | | | | | |
|-------------------------------------------------------------------------------|--------------------------|------------------------------------------------------------|--------------------|--|--|--|
| □ Daytime | □ Evening | □ Both | | | | |
| □ Other (please explai | n): | | | | | |
| Please tell us why you are interested in joining a Budget Advisory Committee. | | | | | | |
| Please describe any past or continuous experience. Optional: please i | | olvement, including volunteer, cor e reviewing budgets. | nmittee, and board | | | |
| Please state any potential con applicable. | flicts of interest you r | may have related to any county d | epartment, if | | | |
| Is there anything else you'd lik | te us to know? | | | | | |
| *Optional: Feel free to include | your resume with this | application. | | | | |

Optional Questions

The following questions are optional and are used by the Office of Community Involvement to track the effectiveness of our outreach efforts.

| Your Ag | е | | | | | | | | |
|----------|-------------------------------------|-------------|---------|-----------|--|--|--|--|--|
| | under 20 | □ 20-39 | □ 40-59 | □ over 60 | | | | | |
| Your Ge | Your Gender | | | | | | | | |
| | Male | | | | | | | | |
| | Female | | | | | | | | |
| | □ Transgender (from male to female) | | | | | | | | |
| | ☐ Transgender (from female to male) | | | | | | | | |
| | Gender non-conforming or non binary | | | | | | | | |
| | Other: | | | | | | | | |
| Your rac | ce/ethnicity: | | | | | | | | |
| | □ American Indian or Alaska Native | | | | | | | | |
| | Asian | | | | | | | | |
| | Black or African American | | | | | | | | |
| | Hispanic or Latino/a/x | | | | | | | | |
| | Native Hawaiian or Pacific Islander | | | | | | | | |
| | White | | | | | | | | |
| | Multiracial | | | | | | | | |
| | Other: | | | | | | | | |

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