First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pronouns (e.g., he/him, she/her, they/them): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address (including zip code): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation & Employer (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you served on any other Multnomah County boards, commissions or committees? Please list them below.

***Board, Commission or Committee Name Year Appointed Year Term Ended***

Why are you interested in joining the Community Involvement Committee?

Describe a time you were part of a group working towards a common goal. What were your contributions and how did you grow with that experience?

What perspective, experience, or skills do you hope to bring to the group? What has been difficult for you when working in groups when including all voices, working together across differences, and equity are critical values?

Describe your connections with local historically marginalized and underrepresented communities.

In your opinion, what are the top three barriers to civic participation and community involvement in county decision-making?

Please state any potential conflicts of interest you may have related to any county department, if applicable. Eg. If you are an employee or a board member for an organization that receives county funding and/or has contracts with the County.

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.

How did you learn about this opportunity?

Is there anything else you'd like us to know?

**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 Age:

under 25 𝥁 25-34 𝥁 35-44 𝥁 45-54 𝥁 55-65 𝥁 over 65

Your Gender:

Male

Female

Transmasculine (Transman, Transgender Male, Female-to-Male)

Transfeminine (Transwoman, Transgender female, Male-to-Female)

Genderqueer, Gender Non-Conforming or Non-Binary

Two Spirit

Questioning

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your race/ethnicity:

American Indian or Alaska Native

Asian

Black or African American

Hispanic or Latino/a/x

Native Hawaiian or Pacific Islander

White

Multiracial

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return this application to:

Office of Community Involvement

501 SE Hawthorne Blvd., Suite 192 • Portland, Oregon 97214