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? What perspective, experience, or skills do you hope to bring to the group?

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 has been difficult for you when working in groups where including all voices, working together across differences, and equity are critical values? How have you addressed those challenges?

The Community Involvement Committee is committed to reducing barriers to participation for communities that have been typically underrepresented in the County decision-making. Describe your experiences 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.

Date of Birth:

Your Gender:

𝥁 Male

𝥁 Female

𝥁 Transgender (FTM)

𝥁 Transgender (MTF)

𝥁 Unknown

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

Your race/ethnicity:

𝥁 American Indian or Alaska Native

𝥁 Asian

𝥁 Black/African American

𝥁 Hispanic or Latino/a

𝥁 Native Hawaiian or Pacific Islander

𝥁 White

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

𝥁 Decline to Answer

Please return this application to:

Office of Community Involvement

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