

Community Action Advisory Board Application



Contact Information

Name	
Street Address	
City, State, Zip Code	
Preferred Phone	
E-Mail Address	

Board Member Position

Which Clark County Council District do you reside in? See page 4. For more clarification, an interactive map of the districts can be found at <https://bit.ly/3BNBIs7>.

☐ 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ 5th

What position are you applying for?

☐ Elected Official ☐ Community Representative ☐ Low-Income Representative

Availability

CAAB meetings are currently held on the first Wednesday of odd numbered months (January, March, May, etc) starting at 9:00am with an occasional extra meeting in funding years (every three years) and opportunities to participate in subcommittees outside of regular meetings. The January meeting typically includes additional trainings and is scheduled for a full day. Meetings are currently being held both virtually through Webex and in-person at the Center for Community Health. Do these create any barriers for you to participate? Please explain.

Interest

Please indicate any areas in which you have experience or interest in. Choose up to 3:

- | | | |
|---|---|--|
| <input type="checkbox"/> Food Assistance | <input type="checkbox"/> Affordable Housing | <input type="checkbox"/> Homelessness Services |
| <input type="checkbox"/> Employment Services | <input type="checkbox"/> Energy Assistance | <input type="checkbox"/> LGBTQ+ Services |
| <input type="checkbox"/> Transportation Assistance | <input type="checkbox"/> Education Services | <input type="checkbox"/> Youth Activities |
| <input type="checkbox"/> Physical Health Services | <input type="checkbox"/> Legal Assistance | <input type="checkbox"/> Child Care |
| <input type="checkbox"/> Mental Health Supports | <input type="checkbox"/> Substance Use Supports | <input type="checkbox"/> Senior Services |
| <input type="checkbox"/> Domestic Violence Services | <input type="checkbox"/> Asset Building (business or home purchase, credit repair, etc) | |

Please tell us why the above areas interest you.

Special Skills or Qualifications

Tell us about your experience and willingness to work and advocate on behalf of disadvantaged populations.

Do you feel a part of a community or group that has been under-represented or historically oppressed? Please tell us about it.

Are you affiliated with, through volunteerism or work experience, any local organizations or efforts working to eliminate poverty? Please tell us about it.

Previous Advisory Board Experience

Currently or in the past, have you served on any advisory boards? Please tell us about it.

Optional Information

To ensure broad representation on our board, we would appreciate information about your gender and background. This information is optional. It is the policy of Clark County to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Years lived in Clark County: _____

Age: _____

Gender: _____

Race:

☐ American Indian or Alaska Native

☐ Asian

☐ Black or African American

☐ Native Hawaiian or Pacific Islander

☐ White or Caucasian

☐ Multi-racial

Ethnicity:

☐ Hispanic/Latin(x)

☐ Slavic/Russian

Do you consider yourself to have a disability?

☐ Yes ☐ No

Do you consider yourself to be part of the LGBTQ+ community?

☐ Yes ☐ No

Application Submission

Thank you for completing this application form and for your interest in serving on the board. Please submit this application and a copy of your most recent resume or list of experience to:

Email	Mail
Rebecca.Royce@clark.wa.gov	Rebecca Royce Clark County Community Services PO Box 5000 Vancouver, WA 98666

All meetings are open to the public. If you would like to receive meeting notifications, please check here. ☐

Office Use Only

District: ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th

Term Expiration: _____

Seat Title: _____

Resume Attached: ☐

Low-income Nomination Process Completed: ☐

Applicant fills at least one area of diversity missing from board? ☐

Clark County, Washington

