# 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 <u>https://bit.ly/3BNBls7</u>.

 $\Box I^{\text{st}} \Box 2^{\text{nd}} \Box 3^{\text{rd}} \Box 4^{\text{th}} \Box 5^{\text{th}}$ 

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:

 $\Box$  Food Assistance

- □ Affordable Housing
- $\Box$  Employment Services  $\Box$  Energy Assistance
  - $\Box$  Education Services
  - 🗆 Legal Assistance
  - Substance Use Supports
- $\Box$  Domestic Violence Services

□ Mental Health Supports

Transportation Assistance
Physical Health Services

- □ Homelessness Services
  - □ LGBTQ+ Services
  - $\Box$  Youth Activities
  - □ Child Care
  - □ Senior Services
- □ 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:  |                           |                                  |  |  |
| $\Box$ American Indian or Alaska Native                      | 🗆 Asian                   | $\Box$ Black or African American |  |  |
| $\Box$ Native Hawaiian or Pacific Islander                   | $\Box$ White or Caucasian | 🗆 Multi-racial                   |  |  |
| Ethnicity:   |                           |                                  |  |  |
| □ Hispanic/Latin(x)  | □ Slavic/Russian          |                                  |  |  |
| Do you consider yourself to have a disability?               |                           |                                  |  |  |
| Do you consider yourself to be part of the LGTBQ+ community? |                           |                                  |  |  |

### **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.  $\Box$ 

# **Office Use Only**

| District:   | $\Box$ I <sup>st</sup> $\Box$ 2 <sup>nd</sup> $\Box$ 3 <sup>rd</sup> $\Box$ 4 <sup>th</sup> $\Box$ 5 <sup>th</sup> | Term Expiration:        |  |  |
|---|--|-------------------------|--|--|
| Seat Title:   |  | Resume Attached: $\Box$ |  |  |
| Low-income Nomination Process Completed:                                  |  |                         |  |  |
| Applicant fills at least one area of diversity missing from board? $\Box$ |  |                         |  |  |

