

Lower SE Rising Area Plan Project Advisory Committee (PAC) Application

OVERVIEW OF WHAT'S AHEAD & INSTRUCTIONS

Thank you for your interest in serving as a member of a City of Portland advisory body.

This online form is designed to collect information from individuals who are interested in serving on a City advisory body. It includes the following sections:

1. General Information
2. Conflict of Interest Disclosure
3. Optional Fields
Optional affiliations, and past volunteer experience (enter online, no upload option)
4. Essay Questions (upload OR enter online)
5. Voluntary Confidential Demographic Information

To apply, please first review information for the committee you are applying to, so you can tailor your responses to what the selection committee will be looking for.

Share what you feel comfortable

Information provided in any of section of your application is public record, except for the Voluntary Confidential Demographic Information Form. Any information provided under the Demographic section will be held confidential, not tied to your name. The City uses demographic information to identify larger patterns so that it may better engage and serve diverse populations.

Optional: Plan ahead by drafting your answers before proceeding

If you'd like to first review the essay questions and compose your answers in Word, click the hyperlinks above for instant Word docx downloads. You may not email your answers directly to City staff. They must be entered or uploaded on this online application to qualify. Please do not wait until the last moment to submit. There are multiple sections to this application, and you are encouraged to allow adequate time to enter answers and should issues come up.

If you have questions and/or need assistance in completing this application AdvisoryBodies@PortlandOregon.gov and/or the staff liaison to the advisory body you are applying.

The City of Portland is committed to diversity and equity and encourages people to apply especially if those who are diverse in terms of race, ethnicity, disability, gender identity, sexual orientation, national origin, age, religion, and geographic identification.

ACCOMMODATIONS

In compliance with Civil Rights laws, it is the policy of the City of Portland that no person shall be

excluded from participation in, denied the benefits of, or be subjected to discrimination in any City program, service, or activity on the grounds of race, color, national origin, or disability. To help ensure equal access to City programs, services, and activities, the City of Portland reasonably provides: translation and interpretation services, modifications, accommodations, auxiliary aids and services, and alternative format.

For these services, complaints, and additional information, contact the staff contact for the advisory body for which you're applying (list available at www.portlandoregon.gov/civic/apply). You may also contact the Office of Community & Civic Life at (503) 823-4000 or advisorybodies@portlandoregon.gov, use City TTY 503-823-6868, or Oregon Relay Service: 711.

SECTION ONE: GENERAL INFORMATION

1. How did you hear about this opportunity?

* 2. Applicant name and/or how you would like to be called

3. What are your gender pronouns? (Example: she/her, he/him, they/them)

* 4. Applicant email (so we can contact you about the selection process)

* 5. Your daytime phone number (so we can contact you about the selection process)

* 6. Currently, do you work, play, go to school, and/or worship in the City of Portland?

Please **mark all that apply** so we can know the variety of ways you are involved in Portland. Some of the boxes you check will be **related to selection criteria**.

Live (reside and sleep)

Work (or do business, includes non-profit/volunteerism, and family care taking)

Play (recreation, visiting establishments in Portland)

Worship (engage in spiritual activities of all types such as churches, or religious organization affiliations and practices)

Go to school (including study, take classes, research, broadly interpreted)

* 7. Are there barriers to your participation that we could help alleviate? Examples: bus/parking, food, childcare at meetings, stipends (direct money for participation).

Please note, some committees may not yet offer the options below. This information is collected so that we can better plan for community members who need participation supports.

- I do not need participation supports
- Food (in-person meetings)
- Bus pass/parking voucher (in-person meetings)
- On-site childcare
- Stipend/nominal pay (this option is not available yet, but are are gathering interest to be able to offer this in the future)
- I prefer not to answer

My need is not listed/ I would like to describe the participation support I need (please describe, try to be specific if possible so we can best assist you and plan our budgets)

8. Are you interested in being contacted about other advisory body opportunities if you are not selected for this one?

- Yes
- No

* 9. **Are you ready to proceed to submit your application?**

- I have reviewed the questions that are hyperlinked above, my answers have been drafted, and I am ready to begin pasting my responses!

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Conflicts of Interest Online Entry

1. **CHOOSE ONE: Upload or manually enter.**

If you wish to **manually enter** your Conflicts of Interest each respinse on this online form, please proceed to question #2 below.

OR

You may **upload** your completed Conflicts of Interest Form located on the first page of the application. (Please remove the instructions on the first page). Please name your file "**CONFLICTS_First Name.Last Name**" so that your document can be paired with the rest of your application. After uploading your form, please proceed to certify your information on Question #5.

Please name your file "CONFLICTS_First Name.Last Name" so that your document can be paired with the rest of your application.

No file chosen

To manually enter (paste) your Conflicts of Interest, please answer the questions below.

2. Are you or is a relative associated with a business, as defined by ORS 244.020(3)(4), that is related to the subject matter to be considered by this advisory body? If yes, please explain. If no, enter "no" or "N/A" which stands for "not applicable" if N/A is true for you.

3. Even if you or a relative's connection to a business does not rise to the financial thresholds contained in ORS 244.020(3)(4), the City would like to know of any relationship to a business that could benefit financially from the outcome of the matter to be considered by this advisory body.

Do you or a relative have connections that could result in a financial benefit of more than \$500 annually? If yes, please explain. If no, enter "no" or "N/A."

4. Do you or does any relative of yours have a professional affiliation with the City of Portland, either as a staff member or through a contract? Please list their name, their position, your relationship, the bureau/department, and contract. If no, enter "no" or "N/A."

* 5. REQUIRED: I affirm that all information contained in this Conflicts of Interest Disclosure is true to the best of my knowledge.

If at any time following the submission of this form I become aware of any *actual or potential* conflicts of interest or if the information provided becomes inaccurate or incomplete, promptly notify the staff contact for the City advisory body.

Misstatement of fact or misrepresentation of information may result in this application being disqualified, or future dismissal from the advisory body.

- Yes
- No, I would like to remove my name from the applicant list

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SECTION TWO: APPLICATION QUESTIONS

PART ONE: OPTIONAL INVOLVEMENT & AFFILIATIONS

This portion of the application is optional, and may help reduce your word count on the essay portion next.

1. OPTIONAL: Are you currently, or have you previously been active with a different advisory body? If yes, please provide the Advisory Body name, host bureau/office, and years you were/are active.

Example:

1.) Portland Utility Board; Water Bureau/BES; 6/2016 - 11/2016 (left for health reasons); 1/2019 - current.

2.) Bureau Budget Committee; BOEC/911 Operations; 2/2014 - 4/2016 (completed full term)

2. OPTIONAL: Using the same format as above, do you have any groups and associations you would like to share with us (e.g. professional, social, religious, volunteer, advocacy, etc) ?

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SECTION TWO: APPLICATION QUESTIONS

PART TWO: ESSAY QUESTIONS

Prepare

Please first review the announcement materials and informational websites about the committee.

Write what you feel comfortable sharing publicly. The answers you give on this page are public, meaning they are subject to public records disclosure. The Voluntary Confidential Demographic section, found after this essay section, is not used during the selection process.

You may compose your answers using this tool, or you may answer the questions one at a time live online. The advantage of first composing your answers using a word processor is that you will have a saved copy should a disruption to internet/webpage occur.

Word Limit

Proofread your work, and check that your word count for each answer is less than 250 words.

For questions about these instructions or accommodations, please email advisorybodies@portlandoregon.gov and/or cc the staff liaisons to the advisory body you are applying.

1. **Upload** (OR enter manually below).

You may upload your essay answers as an attachment. To ensure your essay answers are paired with your application, please save your file using the name "**ESSAY_First Name.Last Name**"

PDF, DOC, DOCX files are supported.

Please save your file as "ESSAY.First Name.Last Name"

Choose File

Choose File

No file chosen

2. **Please describe your connection to the project area**, (see [Lower Southeast Rising Area Plan Project Map](#)), **and why you would like to serve the advisory body's mission.** (No more than 250 words)

3. Please describe your relevant skills, knowledge, and lived experience as well as any volunteer, work, and/or educational experience that would serve the advisory body's ability to meet its mission. (No more than 250 words)

4. What excites you about the possibility of serving on this advisory body? (No more than 250 words)

5. If selected and appointed to serve, what would you hope to accomplish during your service? (No more than 250 words)

6. The City of Portland seeks to build **diverse representation** on advisory bodies in terms of race, ethnicity, disability, gender identity, sexual orientation, national origin, age, religion, and geographic identification, as well as advocacy experience, community involvement, volunteerism, occupation, and education.

Please describe your experience working in community, diverse groups, or public bodies, and provide examples in which you contributed to productive group processes and collective work in a collaborative, multicultural, and/or multilingual setting. (No more than 250 words)

7. Please describe your ability to listen and consider other perspectives which may be different from your own. (No more than 250 words)

8. Please address your commitment to and experience supporting and/or advancing equitable outcomes. Refer to examples from: your school, work, community, places of faith, family, etc. (No more than 250 words)

* 9. REQUIRED: I affirm that all information contained in this form is true to the best of my knowledge. Misstatement of fact or misrepresentation of information may result in your application being disqualified, or future dismissal from the advisory body.

- Yes
- No, I would like to withdraw my submission

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SECTION THREE: Demographics

VOLUNTARY CONFIDENTIAL DEMOGRAPHIC INFORMATION

Completion of this section is not required and is therefore completely voluntary, but we hope you'll fill this out. The City is committed to diversity, inclusion, and equity and uses the demographic information you provide in the following pages to help ensure that advisory body appointments represent a broad cross-section of community.

This information will not be used during the recruitment nor selection process. State and federal law prohibit discrimination against you based on your status in a protected class. This information is not anonymous. The City will treat this information as confidential to the fullest extent allowed by law. This may include sharing demographic information for all advisory body candidate applications with the staff liaisons after the recruitment cycle has ended.

* 1. I have read the explanation of how voluntary, demographic information will be used. I agree and consent to sharing my voluntary, demographic information on the condition that it is held confidential.

Yes

No (if no, do not fill out questions and click next/submit at the bottom)

2. What is your age? (We use this information to ensure age diversity)

3. What is your racial or ethnic identity? (Select all that apply.)

African-American/Black

Native Hawaiian or Pacific Islander

Asian

My race is unknown to me

Hispanic/Latinx

White

Middle Eastern/North African

I prefer not to disclose.

American Indian/Alaskan Native

I prefer to describe my race or ethnic identity

4. What language is spoken in your home? If multiple, list in your order of preference.

5. Do you have any American Indian or Alaska Native tribal affiliation?

- Yes No I prefer not to disclose

If yes, please describe:

6. If tribal, are you enrolled?

- Tribal, not enrolled Not tribal I prefer not to disclose
 Tribal enrolled. (Please describe)

7. If tribal, are you a descendant?

- Not tribal Not a descendant I prefer not to disclose
 Tribal descendant (please describe:)

8. Are you a person living with a disability?

9. Please describe the nature of your disability. Please check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Not disabled | <input type="checkbox"/> Mental health (e.g., anxiety, PTSD) |
| <input type="checkbox"/> Mobility (e.g., walking, climbing stairs) | <input type="checkbox"/> Intellectual or developmental (e.g., Down syndrome, fragile X syndrome) |
| <input type="checkbox"/> Visual (e.g., blind, low vision) | <input type="checkbox"/> Invisible (e.g., diabetes, HIV, cancer) |
| <input type="checkbox"/> Deaf or hard-of-hearing | <input type="checkbox"/> Prefer not to disclose |
| <input type="checkbox"/> Cognitive (e.g., traumatic brain injury, learning disabilities) | |

Prefer to describe my disability

10. What is your gender? Please check all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Woman | <input type="checkbox"/> Transmasculine |
| <input type="checkbox"/> Man | <input type="checkbox"/> Two Spirit |
| <input type="checkbox"/> Gender expansive (e.g., non-binary, agender, gender fluid) | <input type="checkbox"/> Not sure or undecided |
| <input type="checkbox"/> Transfeminine | <input type="checkbox"/> Prefer not to disclose |
| <input type="checkbox"/> I prefer to describe my gender | |

11. What is your sexual orientation? Please check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Queer | <input type="checkbox"/> Pansexual |
| <input type="checkbox"/> Gay | <input type="checkbox"/> Asexual |
| <input type="checkbox"/> Lesbian | <input type="checkbox"/> Not sure or undecided |
| <input type="checkbox"/> Heterosexual | <input type="checkbox"/> Prefer not to disclose |
| <input type="checkbox"/> Bisexual | |
| <input type="checkbox"/> Prefer to describe: | |

12. What is your highest education level attained?

13. What is your field of expertise? Please check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Architecture | <input type="checkbox"/> Environment |
| <input type="checkbox"/> Education | <input type="checkbox"/> Planning |
| <input type="checkbox"/> Business | <input type="checkbox"/> Sales |
| <input type="checkbox"/> Government | <input type="checkbox"/> I prefer not to disclose |
| <input type="checkbox"/> Prefer to describe: | |

14. What is your total household income?

15. What is the geographic area that you are representing **for the purposes of this advisory body** (predominant area you live, work, play, do business, worship, and/or go to school). If multiple, **select one** that best fits.

- | | |
|--|---|
| <input type="radio"/> Southwest Portland | <input type="radio"/> Northeast Portland |
| <input type="radio"/> South Portland | <input type="radio"/> North Portland |
| <input type="radio"/> Southeast Portland | <input type="radio"/> East Portland (East of I-205) |
| <input type="radio"/> Northwest Portland | <input type="radio"/> Prefer not to disclose |
| <input type="radio"/> I prefer to describe | |

OR
I am outside of Portland (describe)

16. What is your zip code for your **residency**? (which may be different than the geographic area that work, play, go to school or worship)

17. What is your employment status?

18. Which best describes your current housing? Please check all that apply.

- Rent
- Own
- Prefer not to disclose
- I prefer to describe:

19. Which best describes your current dwelling? Please check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Apartment | <input type="checkbox"/> Boat |
| <input type="checkbox"/> House | <input type="checkbox"/> Floating home |
| <input type="checkbox"/> Duplex | <input type="checkbox"/> Assisted Living |
| <input type="checkbox"/> Condo | <input type="checkbox"/> Group housing (such as Sober Living housing) |
| <input type="checkbox"/> Shelter | <input type="checkbox"/> Tent |
| <input type="checkbox"/> Mobile home | <input type="checkbox"/> Houseless |
| <input type="checkbox"/> RV | <input type="checkbox"/> I prefer not to disclose |
| <input type="checkbox"/> Car/Van | |
| <input type="checkbox"/> Prefer to describe: | |

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Complete.

Thank you for your submission.

You will be contacted directly by the selection committee if invited to next steps.

Questions? Please email Bryan.Poole@portlandoregon.gov or Marty.Stockton@portlandoregon.gov.