Standard Application
As of April 2024

Contact Information

1. Full Name:
2. Date of Birth:
3. Home Address:

4. Email Address:
5. Primary Phone:
6. Alternative Phone (optional):
7. Name of advisory body you're applying for:

8. Do you understand that this is a volunteer (non-paid, non-employment) position?

   ☐ Yes ☐ No

9. Are you able to prepare for meetings on your own time? And can you commit to regularly attend and participate in meetings and for the duration of the service term?

   ☐ Yes ☐ No

10. Currently, do you live, 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.

    ☐ Live in Portland (reside and sleep)
    ☐ Work in Portland (or do business, includes non-profit/volunteerism, and family caretaking)
    ☐ Play in Portland (recreation, visiting establishments in Portland)
    ☐ Worship in Portland (engage in spiritual activities of all types such as churches, or religious organization affiliations and practices)
    ☐ Go to school in Portland (including study, take classes, research, broadly interpreted)

Conflict of Interest Questions

11. Are you or is a relative of yours 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 "N/A," which stands for "not applicable."

12. Do you or a relative have connections to businesses that could result in a financial benefit of more than $500 annually as noted in ORS 244.020(3)(4)? If yes, please explain. If no, enter "N/A."

13. 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. Please list those connections here. If no, enter "N/A."

14. Do you or do 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, the bureau/department they are affiliated with, the contract, and your relationship to that individual. If no, enter "N/A."

15. By signing and/or typing my name below, I affirm I can commit to participate fully in the work of the advisory body I'm applying for. All information contained herein is true to the best of my knowledge, and I understand that any misstatement of fact or misrepresentation of credentials may result in this application being disqualified from further consideration. I affirm that all information contained in this form 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 your application being disqualified, or future dismissal from the advisory body.

X _____

Application Questions

16. What is your commitment and experience working with a diversity of people, in terms of age, ethnic background, sexual orientation, gender, disability, culture, religious preference, etc.? How have or how would you contribute to productive group processes and collective work in a collaborative, multicultural, and/or multilingual setting?

17. Do you have any affiliations with groups that you would like to tell us about, such as other committees, non-profits, churches, political action committees, or community-based organizations you are part of? Please list the name and your role with them, and dates you were active.

18. 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.

19. What excites you about the possibility of serving on this advisory body?

20. If selected and appointed to serve, what would you hope to accomplish during your service?

21. We Remove Barriers. Please let us know if there are barriers to your participation that we can help eliminate. Examples include bus/parking passes and food at meetings when in-person gatherings return, childcare, or stipends. While we may not have these options on all advisory bodies, the Advisory Bodies Program is interested in planning and budgeting in the future based on needs expressed here.

22. Please complete the demographic survey at the link provided: https://forms.gle/hQD5fsDgKrezAekT7 Please do not answer the text box below.