

Advisory Committee Application

Name:	Phone:
Address:	
City/State/Zip:	
Occupation:	Employer:
Email:	

Please check the days and times you are available for committee meetings. We anticipate holding four meetings.

Monday	Tuesday	Wednesday	Thursday	Friday
Morning	Morning	Morning	Morning	Morning
Afternoon	Afternoon	Afternoon	Afternoon	Afternoon
Evening	Evening	Evening	Evening	

Why do you want to be a part of the Advisory Committee?

Please list any past or current community involvement including Volunteer/Committee/Board experience:

What other organizations/interests do you have for this committee?

Do you need translation or other services?

Answers for the following demographic information are optional.

Age:		Gender:	
Ethnic Origin:	African-American Hispanic Caucasian	Native American Asian Other: _____	

Please complete and return by June 20th to:

Stacy Thomas
JLA Public Involvement
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Portland, OR 97214

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