

Affirmative Action – To Maintain Diverse Representation

This shaded grey area is optional.

Gender:

Race or Ethnicity: American Indian/Alaskan Native Native Hawaiian/Pacific Islander
 Black/African American White/Caucasian Asian
 Latino(a), Hispanic or Spanish Other (*list*):

Education and Employment

Education: High School: Diploma Certificate GED Completion Year:

High School Name, City and State:

1. College Name, City and State: Graduation Year:

Major or Subjects Taken: Degree:

2. College Name, City and State: Graduation Year:

Major or Subjects Taken: Degree:

3. College Name, City and State: Graduation Year:

Major or Subjects Taken: Degree:

Current Employment:

Occupation	Employer	(Area Code) and Telephone Number

Previous Employment:

Occupation	Employer	(Area Code) and Telephone Number

Membership and Experience in Organizations

(Membership – professional, civic organizations or government boards or commissions)

Organizations	Date of Term	Title

Membership and Experience in Organizations

(Community service or volunteer experience)

Organizations	Date of Term	Duties

Special Skills, Strengths and Interest

Skills and strengths: Check any special skills and strengths (check all that apply):

- | | | |
|--|---|---|
| <input type="checkbox"/> Human resources/personnel | <input type="checkbox"/> Public relations/media | <input type="checkbox"/> Program evaluation |
| <input type="checkbox"/> Administration/management | <input type="checkbox"/> Accounting/budget | <input type="checkbox"/> Legislation/lobbying |
| <input type="checkbox"/> Law, regulations and policies | <input type="checkbox"/> Fundraising/grant | <input type="checkbox"/> Leadership |
| <input type="checkbox"/> Other (list): | | |

Interest: Check particular interest(s) (check all that apply):

- | | | | |
|---------------------------------------|--|--|--|
| <input type="checkbox"/> Housing | <input type="checkbox"/> Human and social services | <input type="checkbox"/> Rehabilitation | <input type="checkbox"/> Captioning |
| <input type="checkbox"/> Education | <input type="checkbox"/> Developmentally disabled | <input type="checkbox"/> Senior citizens/aging | <input type="checkbox"/> Mental health |
| <input type="checkbox"/> Interpreting | <input type="checkbox"/> Telecommunication relay | <input type="checkbox"/> Government benefits | <input type="checkbox"/> Employment |
| <input type="checkbox"/> Diversity | <input type="checkbox"/> Drug and alcohol abuse | <input type="checkbox"/> Crisis intervention | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Youth | <input type="checkbox"/> Emergency notification | <input type="checkbox"/> Transportation | <input type="checkbox"/> Disabilities |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Families and children | <input type="checkbox"/> Entertainment | <input type="checkbox"/> Recreation |
| <input type="checkbox"/> Court | <input type="checkbox"/> Other (list): | | |

Questionnaire

Please answer the following questions. You may attach additional pages.

1. How did you learn about ODHHS?

2. Why are you interested in serving on the ODHHS Advisory Committee?

Questionnaire

Please answer the following questions. You may attach additional pages.

3. How will you share news or updates from ODHHS with the community?

4. What are your goals for the community to remove barriers and/or improve quality of life?

5. Is there any factor which could cause a potential conflict of interest with your responsibilities as an ODHHS Advisory Committee member? Are you a staff or board member of any organization that contracts with ODHHS?

Members are required to attend and participate in a minimum of four (4) meetings per year and participate in subcommittee or workshop activities. Members are expected to serve as a resource, be actively involved, and respond to mail polls and with local events. If appointed as a member, I will meet this commitment.

Your signature

Date of signature

Print your name here

Telephone number (include area code)