\* response is required

First Name\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pronouns (e.g., he/him, she/her, they/them): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Residence Street Address\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\*: \_\_\_\_\_\_\_\_ Zip Code\*: \_\_\_\_\_\_\_\_\_\_\_

Occupation & Employer (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide a short bio (less than 400 words), including a brief summary of your volunteer and work experience.\*

Optional: If you would like to submit your resume, you may attach it to this application or email it to community.involvement@multco.us.

Why do you want to serve on the Advisory Committee?\*

What is your interest or background in Historic Preservation, especially when it comes to Highways, and how they impact surrounding communities?\*

What is your interest in recreational trails in natural areas?\*

Describe what makes the Columbia River Gorge National Scenic Area special to you or communities of which you are a part.\*

Which communities do you belong to and identify with, and how would that shape the experiences and perspectives you would bring to the committee?\*

What accommodations would you need to fully and successfully participate?

How did you learn about this opportunity?

Sign up for the Office of Community Involvement email list to receive updates about new volunteer opportunities on advisory boards & committees.

𝥁 Yes, please sign me up!

**Optional Questions**

The following questions are optional and are used by the Office of Community Involvement to track the effectiveness of our outreach efforts.

Your Age:

Your Gender:

 Male

 Female

 Transgender (FTM)

 Transgender (MTF)

 Unknown

 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your race/ethnicity:

 American Indian or Alaska Native

 Asian

 Black/African American

 Eskimo

 Hispanic or Latino/a

 Native Hawaiian or Pacific Islander

 White

 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Decline to Answer

Please return this application to:

Office of Community Involvement

501 SE Hawthorne Blvd., Suite 192 • Portland, Oregon 97214