

FY27 CBAC Application

Thank you for completing this Community Budget Advisory Committee (CBAC) application. We appreciate your interest in this opportunity.

If you have questions about the application, selection process, or would like to connect with staff in the Office of Community Involvement, feel free to call us at 503-988-3450 or send an email to community.involvement@multco.us.

Multnomah County is committed to early, inclusive, and equitable community outreach and engagement in order to build advisory committees that represent a broad cross-section of community perspectives and experiences.

To support this commitment, CBAC actively seeks: 1) a geographically broad representation of county residents, 2) participation of individuals from diverse income levels, racial, ethnic, gender, ability, and age groups, 3) individuals who live or work in the county, 4) individuals or representatives of groups most impacted by departmental budgets, and 5) individuals or representatives of groups with expertise in county services.

Before you apply, please know that you will be expected to review, understand, and agree to Oregon, county, and CBAC laws, policies, and practices viewable [here](#).

Contact Information

First Name_____

Last Name_____

Pronouns _____

DOB _____

Email Address_____

Home Address_____

Emergency Contact Information

Emergency Contact Name_____

Emergency Contact Phone_____

Emergency Contact Relationship to you_____

What district do you reside in?

Link to [Find your District](#)

- ☐ District 1
- ☐ District 2
- ☐ District 3
- ☐ District 4
- ☐ I live outside of Multnomah County

How did you learn about the CBAC?

- ☐ County Newsletter
- ☐ County Employee
- ☐ County Department Program / Service
- ☐ County Event
- ☐ County Commissioner
- ☐ Community Newsletter
- ☐ Community Organization
- ☐ Community Event
- ☐ Social Media
- ☐ University / College
- ☐ Neighborhood Association
- ☐ Flyer
- ☐ Friend
- ☐ Other

Experience

1.) Why are you interested in joining a Community Budget Advisory Committee? What perspective, experience, or skills do you hope to bring to the group?

2.) Tell us why you selected your top three departments?

3.) Describe any past or current community involvement, including volunteer, committee, and board experience. Optional: Please include any experience reviewing budgets.

4.) Multnomah County is guided by a commitment to fostering equity and inclusion and reducing barriers to participation for communities that have been underrepresented in county decision-making.

Describe your lived and / or learned experience with local historically marginalized and underrepresented communities (including Black, Indigenous, and other people of color, low-income, unhoused, immigrant, rural, etc).

5.) In your opinion, what are the top three barriers to community involvement in the county?

Volunteer Interest

Link to [Multnomah County's 10 Departmental CBACs](#)

What are the top 3 Departmental CBACs would you like to serve on? Rank 3 departments by preference.

1.) _____

2.) _____

3.) _____

Getting to Know You

Multnomah County is committed to early, inclusive, and equitable community outreach and engagement in order to build advisory committees that represent a broad cross-section of community perspectives and experiences. The following questions help us in those efforts. Your responses will not be public record.

What is your age?

- ☐ Under 18
- ☐ 18-24
- ☐ 25-34
- ☐ 35-44
- ☐ 45-54
- ☐ 55-64
- ☐ 65-74
- ☐ 75 and over
- ☐ Decline to answer

Household Size (number of people who live in your house or home, including yourself)?

Mark only one

- ☐ One
- ☐ Two
- ☐ Three
- ☐ Four
- ☐ Five
- ☐ Six +

☐ Decline to answer

What is your total household income?

- ☐ Under \$30,000
- ☐ \$30,000 to \$59,999
- ☐ \$60,000 to \$89,999
- ☐ \$90,000 to \$199,999
- ☐ Over \$200,000
- ☐ _____
- ☐ Decline to answer

Which best describes your current housing?

- ☐ Rent
- ☐ Own
- ☐ Houseless
- ☐ Shelter
- ☐ Living with family / friends
- ☐ Other _____
- ☐ Decline to answer

Do you live with a disability or identify as a person with a disability?

- ☐ Yes
- ☐ No
- ☐ Decline to answer

What is your sexual orientation?

☐ _____

☐ Decline to answer

Language Fluency

☐ English

☐ _____

Race / Ethnicity

Which of the following best describes your racial or ethnic identity?

Please mark all that apply.

☐ African

☐ Asian

☐ Black or African American

☐ Hispanic or Latino

☐ Middle Eastern

☐ Native American or Alaskan Native

☐ Native Hawaiian or Pacific Islander

☐ Slavic

☐ White

☐ Not listed: _____

Gender

- ☐ Agender
- ☐ Female
- ☐ Male
- ☐ Nonbinary
- ☐ Trans
- ☐ Another Gender_____

Parent / Guardian Consent

If under 18, parent/guardian contact information and consent (optional)

Full name of parent/guardian_____

Relationship to the volunteer_____

Email of parent / guardian_____

Phone number of parent / guardian_____

By selecting yes, you are consenting for your minor to serve on a county advisory board

- ☐ Yes
- ☐ No