

# FY 28 CBAC Application

For service beginning in the 2026-2027 CBAC year

Thank you for completing this Community Budget Advisory Committee (CBAC) application. Multnomah County recruits for the CBAC program throughout the year, with most applications being reviewed over the summer for appointments occurring in the fall. You will be asked to select a primary CBAC that you wish to apply for - please be sure to review the CBACs in advance ([link.multco.us/AboutCBACs](http://link.multco.us/AboutCBACs)). If the CBAC you select is not recruiting, or your application isn't selected, you can opt in for your application to be held in a "pool" for other CBACs to review in this or the next recruitment period, depending on timing.

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](mailto: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 at [link.multco.us/VolunteerResources](http://link.multco.us/VolunteerResources).

## Contact Information

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Pronouns \_\_\_\_\_

Date of Birth \_\_\_\_\_

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](http://multco.us/info/find-your-multnomah-county-district): [multco.us/info/find-your-multnomah-county-district](http://multco.us/info/find-your-multnomah-county-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

## Multnomah County Volunteer History

Are you a current or former Multnomah County volunteer in another program? Have you served on any other Multnomah County advisory boards, commissions or committees?

Please list the volunteer positions below. and include the following in your description:

- Position, Board, Commission, or Committee Name
- Year Started
- Year Ended (or "to present")

**Current Volunteer Positions:**

**Past Volunteer Positions:**

## Volunteer Interest

Link to [Multnomah County's 10 Departmental CBACs](https://link.multco.us/AboutCBACs): [link.multco.us/AboutCBACs](https://link.multco.us/AboutCBACs)

What Departmental CBAC would you like to serve on? (select one)

- [Department of Community Justice CBAC](#)
- [Department of Community Services CBAC](#)
- Department of County Assets & Department of County Management CBAC
- [Department of County Human Services CBAC](#)
- District Attorney's Office CBAC
- [Health Department CBAC](#)
- [Homeless Services Department CBAC](#)
- [Multnomah County Sheriff's Office CBAC](#)
- [Non-Departmental Offices CBAC](#)

If you are not selected for your chosen CBAC, are you interested in being considered for other departmental CBACs? (select one)

- Yes
- No

## 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 the departmental CBAC of your choice.

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?

## Getting to Know You

Multnomah County is committed to early, inclusive, and equitable community outreach and engagement in order to build community committees that represent a broad cross-section of community perspectives and experiences. The following questions are voluntary and help us in those efforts.

### Check the box to acknowledge:

- I understand that I do not have to submit this information and that the County will keep the information confidential to the extent allowed by law.

### 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