

# Fourth Plain Coalition Community Advisory Committee

Community Advisory Committee Member Application  
5pm

Due August 29th, 2019

## Applicant Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_ \_\_\_\_\_  
*City* *State* *ZIP Code*

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

The Fourth Plain Coalition is committed to a diverse and inclusive Community Advisory Committee in order to ensure that the committee is representative of the neighborhoods we serve. Providing the information below is voluntary, and will assist us in ensuring representation that represents the Fourth Plain community.

Please indicate how you identify using the categories below (optional).

Asian:

African American:

Chuukese:

Latinx or Hispanic:

Native American/Alaska Native:

Pacific Islander (not Chuukese):

White:

White & of Eastern European descent (Ukrainian, Russian, Georgian, etc.):

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

Two or more races: \_\_\_\_\_

Age: under 18

19-30

31-40

41-50

51-60

Over 60

Other identities you hold that you would like to ensure are represented as part of the Community Advisory Committee (e.g. LGBTQ+, disability status, transit dependence, low-income, etc): \_\_\_\_\_

## Experience and Interests

Why Are you interested in joining the Fourth Plain Community Advisory Committee?:	
Please describe the aspects of your neighborhood you're most interested in addressing as part of your work on this Committee:	
Please list any training, experience (professional or non-professional) or qualifications related to the Community Advisory Board Member position:	

## Meeting Accommodations

Do you require childcare to attend Community Advisory Committee Meetings?:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, please indicate the ages of your child(ren): _____		
Do you require meeting materials in a language other than English?:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you require a translator be present for Community Advisory Meetings?:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, please indicate your preferred language: _____		
Please indicate any other accommodation requests: _____		

## Agreement

*I certify that my answers are true and complete to the best of my knowledge.*

*By signing below, you indicate that you have read the Community Advisory Committee Charter and agree to abide by the responsibilities described there.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return completed applications by  
August 29th, 2019 at 5pm

via email:

Lauren Henricksen  
[lauren.henricksen@clark.wa.gov](mailto:lauren.henricksen@clark.wa.gov)

Or by mail or in person to:

Clark County Public Health  
Healthy Communities  
Attn: Lauren Henricksen  
1601 E Fourth Plain Blvd, Bldg 17  
Vancouver, WA 98661