



**Lane County
POVERTY AND HOMELESSNESS
BOARD
APPLICATION**

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APPLICANT'S NAME AND CITY:		DATE:
NAME OF ADVISORY COMMITTEE:		PLEASE CHECK ONE: <input type="checkbox"/> New Applicant <input type="checkbox"/> Reappointment

1. Give a brief description of the experience or training that qualifies you for membership on this advisory committee (If you wish, you may attach a resume or other pertinent material).

2. Why do you want to become a member of this committee, and what specific contributions do you hope to make?

3. List the community concerns related to this committee that you would like to see addressed if you are appointed.

4. Briefly describe your present or past involvement in relevant community groups. (Having no previous involvement will not disqualify you for appointment.)

5. Lane County is committed to reflecting diverse cultures on its boards/committees and does not discriminate against any person on the basis of race, color, national origin, age, disability, sex, religion, language, ethnicity, socio-economic status, sexual orientation, gender identity or expressions, veteran's status, or political beliefs in employment or in admission, treatment, or participation in its programs, services, and activities. If selected, how would you contribute to this effort?



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6. Are you currently serving on any Advisory Boards or Committees? If so, which ones?
7. Are you employed by, have any business, contractual arrangements or family connections with programs having contractual agreements with the County or that might be within the purview of the committee on which you are seeking appointment? (If there is a change in your circumstances, please advise the staff for the committee within 30 days.)
☐ No ☐ Yes Specify:
8. How did you learn about this vacancy? ☐ Newspaper ☐ Word of mouth ☐ Other:
9. In which County Commissioner District do you reside? Please check one:
- | | | |
|---------------------------------------|---|---|
| <input type="checkbox"/> Unsure | <input type="checkbox"/> West Lane County | <input type="checkbox"/> Springfield |
| <input type="checkbox"/> South Eugene | <input type="checkbox"/> North Eugene | <input type="checkbox"/> East Lane County |

The Board of Commissioners has adopted the following policy on reappointments:*

- a. Members of County advisory groups will serve a maximum of two consecutive terms when term lengths are three or more years in length.*
- b. The deadline for incumbent applications will be the same as the deadline for new applications.*

** Unless waived by the Board.*



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Please Print

Name: _____

(Last)

(First)

Preferred Salutation: ☐ Mr. ☐ Ms. ☐ Mx. ☐ Dr. ☐ Other: _____

Address: _____

(Street)

(City)

(Zip)

Home Phone: _____ How Long Have You Lived in Lane County? __ Years __ Months

Occupation: _____ Place of Employment: _____

Business Address: _____ Business Phone: _____

E-Mail Address: _____ Fax: _____

NOTE: Information in this box consisting of home addresses and phone numbers may be exempt from disclosure per ORS 192.502(3).

OPTIONAL INFORMATION

Lane County is required under state and federal guidelines to identify applicants by ethnicity, race, gender and age. Supplying this information will also assist Lane County in evaluating its Diversity Implementation Plan to achieve more diversity on its advisory committees. Providing this information will not adversely affect your opportunity to serve on this committee or board and this information is processed separately from the application. Completion of this section is entirely voluntary and remains confidential.

Please check all boxes that apply:

Gender:

☐ Male

☐ Female

☐ Trans-Male

☐ Trans-Female

☐ Gender Non-Conforming

☐ Non-Binary

☐ Other

Ethnicity:

☐ Hispanic/Chicanx/Latinx

☐ Non-Hispanic/Chicanx/Latinx

Race:

☐ Asian American

☐ American Indian/Alaska Native

☐ African American

☐ Native Hawaiian/Pacific Islander

☐ White

☐ Disability: *Type:

*This information is used to ensure there is reasonable accommodation and representation on advisory boards.

Is your age over 40? ☐ Yes ☐ No



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Lane County does not discriminate against any person on the basis of race, color, national origin, age, disability, sex, religion, language, ethnicity, socio-economic status, sexual orientation, gender identity or expressions, veteran's status, or political beliefs.

Signature of Applicant _____ Date: _____

Except as noted above, all information provided as part of this application is a public record subject to disclosure.

**Please Return to: Lane County Administration
Public Service Building
125 East 8th Avenue
Eugene, OR 97401**

NOTE: If you are not selected at this time, your application will be kept on file for 12 months from the date it was received and will be reconsidered as vacancies occur.

Application Addendum for Poverty and Homelessness Board

Please print your name

Please check all you identify as:

<input type="checkbox"/>	Person will lived experience of homelessness
<input type="checkbox"/>	Lived experience of homelessness in rural area outside of Springfield/Eugene
<input type="checkbox"/>	Lived experience of homelessness as an adult with children
<input type="checkbox"/>	Lived experience of homelessness as a youth (under 25)
<input type="checkbox"/>	Person with lived experience of poverty

Which sector do you identify as being a part of:

<input type="checkbox"/>	Affordable Housing Developer
<input type="checkbox"/>	Person with a Disability
<input type="checkbox"/>	EMS/Crisis Response Team
<input type="checkbox"/>	Hospital
<input type="checkbox"/>	Tribal Member
<input type="checkbox"/>	Law Enforcement
<input type="checkbox"/>	LGBTQ+ Population
<input type="checkbox"/>	Local Jail
<input type="checkbox"/>	People with Behavioral Health Challenges
<input type="checkbox"/>	Public Housing Authority
<input type="checkbox"/>	School Administrator/Homeless School Liaisons
<input type="checkbox"/>	Survivors of Domestic Violence, Sexual Assault and Stalking
<input type="checkbox"/>	Youth (under age 25)
<input type="checkbox"/>	Coordinated Care Organization (CCO)
<input type="checkbox"/>	People of Color
<input type="checkbox"/>	Business
<input type="checkbox"/>	Veteran

Are you interested in being a PHB stakeholder which is a non-voting member?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If yes, which stakeholder designation do you align with?

<input type="checkbox"/>	Training and Employment
<input type="checkbox"/>	Direct Service Provider
<input type="checkbox"/>	Agency Recipient of CoC or ESG
<input type="checkbox"/>	Faith Based Organization
<input type="checkbox"/>	Philanthropy
<input type="checkbox"/>	Mainstream Providers
<input type="checkbox"/>	Mental Health and Substance Abuse Providers
<input type="checkbox"/>	Hospitals, Health Care
<input type="checkbox"/>	Universities, Affordable Housing Developers
<input type="checkbox"/>	School Districts
<input type="checkbox"/>	Veterans Administration