

Equity Program Advisory Board Interest Form

Complete this form if you are interested in joining the Equity Program Advisory Board

Lane County Advisory Committees/Boards help advise the Board of County Commissioners, County Departments, Local Organizations, and Service Providers on various community issues like health, safety, transportation, land management, the economy, and the environment. All communities in Lane County benefits from the participation of community members that contribute their time and expertise to enhance the services provided by the county. Click [here](#) to learn more about advisory committees and boards.

People representing the diversity of our community are encouraged to apply (including but not limited to women, those who identify as BIPOC, LGBTQIA2S+, persons with a disability, veterans, and people who live in rural Lane County). We are most interested in finding the best candidates for the advisory board, and candidates may come from a less traditional background. If you are interested in applying, we encourage you to think broadly about your background, lived experience, and skill set for the role.

Interest forms are accepted at any time even if there are no current openings. They will be on file for 12 months from the date of submission and will be reconsidered for any vacancies that occur within the 12 month time frame (Lane Manual Chapter 3.070.10).

Equity Program Advisory Board (EPAB): Has the purpose of collaborating with the County Administrator and the Equity Program. Its primary goal is to collaborate on the adoption and implementation of the equity strategic plan. Moreover, this board plays a crucial role in bridging the community with the County's equity initiatives. It achieves this by effectively communicating these efforts to stakeholders and relaying feedback to Lane County Departments based on the recommendations of the Equity Program (Lane Manual 3.085.010). For more information click EPAB website.

Background Information

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

Name	Preferred Name (Optional)
<input type="text" value="First"/>	<input type="text" value="Last"/>
<input type="text" value=""/>	<input type="text" value=""/>

Do you a reside (live) in Lane County? *

Yes No

(Some committees or boards seek representation from people that live in Lane County)

How long have you lived in Lane County? *

years and months

(Include approximate # of Years and # of Months)

Do you have a permanent address?

Yes No

(A permanent address is not required to apply and receive an appointment)

Address *

Which Commissioner District do you live in? *

- District 1 (West Lane County) District 3 (South Eugene) District 5 (East Lane County)
- District 2 (Springfield) District 4 (North Eugene)

For an interactive Commissioner District Map, click [here](#).

What is your preferred contact method? *

- Email Phone Number Both

Email Address

Phone

(Please include area code)

Phone Number Type

- Cell Work
- Home Other

Why are you interested in this committee/board, and what specific contributions do you hope to make? *

What is your present or past involvement in relevant community groups? *

(Having no previous involvement will not disqualify you for appointment.)

In your perspective, what are three major equity challenges facing our community in Lane County? Please share/explain which is the most important to you and why. *

Please describe how you would navigate group situations in which members hold differing opinions. Share a specific example if possible. *

In what ways do you envision integrating what you learn on the EPAB into your community, work/professional spaces, and networks? *

Please select your preferred membership type: *

- Voting Member Alternate Member Unsure, I would like more information

Voting Member: Refers to individuals who make up the voting membership of the EPAB. These individuals make up the board's quorum, vote on any EPAB matters, and can hold officer positions.

Alternate Member: Refers to individuals who attend meetings, can provide questions or insight within regular or special meetings, but do not hold voting rights and cannot hold officer positions. If there are any vacancies of the EPAB, alternate members will have first right of refusal to fill the position.

Please select your preferred term limit: *

- One (1) Year Two (2) Years Three (3) Years Unsure, I would like more information

Are you currently serving on any Lane County Advisory Committees/Boards? *

- No Yes

Which Advisory Committee/Board? *

Do you work for, have any business or family connections with programs that have contracts with Lane County or fall under the scope of the committee/board you are interested in? *

- No Yes

Please specify here: *

If circumstances change, please inform the committee/board staff within 30 days.

Do you agree to helping promote Equity and Respect? *

- Yes, I will help promote equity and respect.

Lane County's Values are Integrity, Excellence, Equity and Respect. Our definition of equity is when everyone has access to opportunities necessary to satisfy essential needs, advance their well-being, and achieve their full potential.

Demographic Information (Optional)

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.

Providing this information will not adversely affect your opportunity to serve on a committee/board. Completion of this section is entirely voluntary and remains confidential.

Select ALL identity options that apply to you:

- I am a person with a disability (cognitive, intellectual, mental health, physical/mobility, sensory, or other)
- I am a member of a systemically marginalized community based on my gender or sexual orientation (women, LGBTQIA2S+, or other)
- I am a member of a systemically marginalized community based on my race or ethnicity (Black/African American, Asian, Pacific Islander, Native/Indigenous, Hispanic, Latino/a/x, or other)
- I have experienced homelessness or being unhoused
- I live in a rural community in Lane County
- I am a military veteran

Gender:

- Female Male Non-Binary
- Transgender Male Transgender Female
- Prefer not to say

Preferred pronouns:

- He/Him/His Prefer not to say
- She/Her/Hers
- They/Them/Their

Race:

- Asian African American/African/Black American Indian or Alaska Native Hispanic/Latin(a/o/x)
- Native Hawaiian or Pacific Islander White/Caucasian Prefer not to say

Main (Preferred) language spoken:

- English Spanish Mandarin
- Other

Age:

- 18 - 24 25 - 34 35 - 44 45 - 54
- 55 - 64 65+ Prefer not to say

Any accommodation needs we should be aware of?

- Yes No

(Physical, cognitive, language translation, etc.)

Please list accommodations here:

Signature *

x

Type your full name as the signature

Date *