



## Equity Council Member Application

Thank you for your interest in Clackamas Workforce Partnership's Equity Council.

Clackamas Workforce Partnership (CWP) is committed to promoting an equitable, inclusive, and diverse workforce and economy in Clackamas County. The Equity Council will support this initiative by providing guidance and feedback to the development/implementation of sustainable policies and procedures at CWP and partner organizations. **No previous experience, education, or training with equity, diversity, and inclusion work is needed.**

Please complete the following questionnaire so that we may better get to know you. ***Your answers and information are confidential and will not be shared with anyone outside of CWP.*** You are not required to answer all of the questions; share only information that you are comfortable providing.

**Contact Brent Balog with questions or comments:**

(Email: [Brent.Balog@clackamasworkforce.org](mailto:Brent.Balog@clackamasworkforce.org) Cell/Text: 503-953-4288)

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1. Please list your first and last name: \_\_\_\_\_

2. Please list your gender pronouns: \_\_\_\_\_

(Ex: they/them, she/her, he/him, etc.)

3. Please check all that apply:

- I am a resident of Clackamas County
- I work or attend school in Clackamas County
- I receive services in Clackamas County
- Other: \_\_\_\_\_

4. Please list your phone number and check applicable boxes: \_\_\_\_\_

- Cellphone
- LAN Line or house phone
- Shared phone
- OK to leave messages
- OK to text

5. Please list your email address: \_\_\_\_\_

6. Please describe your reasons for joining the Equity Council; include your expectations for the Council, and how you hope to benefit from membership:

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7. Describe your experience as a job-seeker in Clackamas County:

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8. Please indicate your current or estimated schedule of availability for each day:

*Please note that Equity Council meetings will take place Monday - Friday, between 8 AM and 6 PM.*

Monday	Tuesday	Wednesday	Thursday	Friday
<input type="checkbox"/> 8AM - 10AM	<input type="checkbox"/> 8AM - 10AM	<input type="checkbox"/> 8AM - 10AM	<input type="checkbox"/> 8AM - 10AM	<input type="checkbox"/> 8AM - 10AM
<input type="checkbox"/> 10AM - 12PM	<input type="checkbox"/> 10AM - 12PM	<input type="checkbox"/> 10AM - 12PM	<input type="checkbox"/> 10AM - 12PM	<input type="checkbox"/> 10AM - 12PM
<input type="checkbox"/> 12PM - 2PM	<input type="checkbox"/> 12PM - 2PM	<input type="checkbox"/> 12PM - 2PM	<input type="checkbox"/> 12PM - 2PM	<input type="checkbox"/> 12PM - 2PM
<input type="checkbox"/> 2PM - 4PM	<input type="checkbox"/> 2PM - 4PM	<input type="checkbox"/> 2PM - 4PM	<input type="checkbox"/> 2PM - 4PM	<input type="checkbox"/> 2PM - 4PM
<input type="checkbox"/> 4PM - 6PM	<input type="checkbox"/> 4PM - 6PM	<input type="checkbox"/> 4PM - 6PM	<input type="checkbox"/> 4PM - 6PM	<input type="checkbox"/> 4PM - 6PM

9. Please list any other groups/councils/community organizations you belong to:

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10. If you speak any language other than English, please list: (Include sign language)

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11. If applicable, please describe any food allergies or dietary considerations:

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**12. List the number of experiences below that apply to you:** \_\_\_\_\_

**If you are willing to share, please check all experiences that apply.**

*Please note that this information is for grant reporting purposes and is kept strictly confidential.*

- I live in a rural area
- I live in a city
- I am a U.S. veteran
- I live with a disability or chronic health condition
- I have experienced mental or emotional health challenges
- I am younger than 18
- I am between 18-24 years old
- I am over 55 years old
- I am a non-native English speaker
- I was born outside of the United States
- I have had legal issues which have interfered with employment (i.e. – criminal record)
- I identify as a Person of Color (POC)
- I identify as LGBTQ+ (Lesbian, Gay, Bisexual, Transgender or Gender/Sexual Minority)
- I am a single parent or non-parental custodian
- I am currently or formerly a foster youth (or provide care for a foster youth)
- I am currently employed, but seeking a new job and/or education and skills training
- I am unemployed and seeking job service skills and/or education and skills training
- I have previously used job seeker services through a Worksource Center
- Other (please list): \_\_\_\_\_

**13. If you become a member, will you need any of the following:**

- Transportation or transportation assistance (such as a bus pass)
  - Childcare or childcare assistance
  - A language interpreter (including American Sign Language)
  - Please list details about accommodations or assistance: \_\_\_\_\_
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**14. List any questions or concerns regarding membership in the Equity Council:**

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