



Citizen Advisory Board Member Application

Esta aplicacion está disponible en español.

Name:		Phone number:	
Home address:		Circle one: <i>Cell</i> <i>Home</i> <i>Work</i>	
City:	Email address:		
How long have you lived in your city?		Age:	
Are you a registered voter? Circle all that apply: <i>Yes</i> <i>No</i> <i>I would like info on how to register</i>			
What is your race? Circle all that apply. <i>American Indian</i> <i>Asian</i> <i>Black/African Am.</i> <i>Native Hawaiian</i> <i>White</i> <i>Some other race</i> If relevant, please specify:		Are you Hispanic or Latino? <i>Yes</i> <i>No</i> If yes, what country is your family from?	
What is your household income? \$ Circle one: <i>Weekly</i> <i>Monthly</i> <i>Yearly</i>		Employer:	
What is the highest level of formal education you have completed? Circle one. <i>No high school</i> <i>Some high school</i> <i>High school diploma</i> <i>Some college/university</i> <i>Technical certificate</i> <i>Associate's degree (2 yrs.)</i> <i>College/university degree (4 yrs.)</i> <i>Postgraduate degree</i>			
List any special training, license(s), or certificate(s):			
Do you rent or own your residence? <i>Rent</i> <i>Own</i> <i>Neither /other</i>		How many people are in your household? Include yourself.	

Why do you want to be part of the CAB?

In your role as a CAB member, what would you offer to the community?

What unique experiences, skills, and goals do you have?

What makes you angry or concerned about the City and our community?

List at least 3 of your goals for the area, starting with the most important. Consider residents living in Kankakee and businesses operating here.

What efforts have you already made toward the goals you listed above?

Which area organizations (if any) are you affiliated with?

This may include churches, local government, business associations, sports leagues, artistic performances, etc.

What conflicts of interest might you have if appointed to the CAB?

How might these conflicts of interest impact your CAB-related actions? State how you would address any such conflicts.

Which subcommittees might you be interested in? Circle at least one.

Executive Committee

Community Projects Committee

Community Outreach Committee

Finance Committee

Please provide any additional information or comments that you believe would be helpful in considering your application. Feel free to use additional sheet(s) if you have more information than fits here.

I affirm that the information in this application is true to the best of my knowledge. I understand that omission or misrepresentation of facts may be cause for removal from the Community Advisory Board and any related committee or subgroup. I understand that all information in this application is subject to disclosure as a matter of public record.

Printed Name: _____ **Signature:** _____ **Date:** _____