



# Community Advisory Board Member Application

Esta aplicacion está disponible en español.

<b>Name:</b>		<b>Phone number:</b>	
<b>Home address:</b>		Circle one: <i>Cell</i> <i>Home</i> <i>Work</i>	
<b>City:</b>	<b>Email address:</b>		
<b>How long have you lived in your city?</b>			<b>Age:</b>
<b>What is your race?</b> Circle all that apply. <i>American Indian    Asian    Black/African Am.</i> <i>Native Hawaiian    White    Some other race</i> If relevant, please specify:		<b>Are you Hispanic or Latino?</b> <i>Yes</i> <i>No</i>  If yes, what country is your family from?	
<b>What is the highest level of formal education you have completed?</b> Circle one.  <div style="display: flex; justify-content: space-between;"> <span><i>No high school</i></span> <span><i>Some high school</i></span> <span><i>High school diploma</i></span> <span><i>Some college/university</i></span> </div> <div style="display: flex; justify-content: space-between;"> <span><i>Technical certificate</i></span> <span><i>Associate's degree (2 yrs.)</i></span> <span><i>College/university degree (4 yrs.)</i></span> <span><i>Postgraduate degree</i></span> </div>			
<b>List any special training, license(s), or certificate(s):</b>			
<b>Do you rent or own your residence?</b> <i>Rent</i> <i>Own</i> <i>Neither /other</i>		<b>How many people are in your household?</b> 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.

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:** \_\_\_\_\_