Community Action Agency

Board Application



Contact Information								
Full Name:				Date:				
	Last	First	M.I.					
Address:	Street Address	City	State	Zip Code	Apt/Unit#			
Dhono		•			•			
Prione:			Email:					
Board Member Po	osition							
Which County do you ☐ Island	u currently reside in?	☐ Whatco	m					
Our board is required to include at least one third representative of people who are low-income, one third represent elected officials and the remaining members represent major community groups. Please indicate all areas you can represent on our board. Low Income Representative Elected Representative Private Sector Representative								
Please indicate all areas you have background or expertise in: Fiscal Management or Accounting								
Availability								
Opportunity Council Board Meetings are held on the last Thursday of the month from 4pm to 6pm with the exception of December when the board meeting is held on the first Thursday of the month. The board does not meet in July or November. There are also opportunities to participate in subcommittees outside of regular meetings. Due to the pandemic, meetings are currently being held virtually. Do these create any barriers for you? Please explain.								
Previous Board Experience Currently or in the past, have you served on any boards? Please tell us about it.								
The state of the s								

Interest								
Please indicate any areas in which you have expendent of the composition of the compositi	erience or interest in.							
OPPORTUNITY COUNCIL SERVICES: Child Care Resources for Families Employment Support Food Resources Weatherization	 ☐ Child Care Resources for Providers ☐ Energy Assistance ☐ Home Repair & Improvement ☐ Homeless Housing Programs 	☐ Early Learning/Preschool Programs☐ Financial Literacy☐ Rental Assistance Programs☐ Landlord Tenant Education						
REFERRAL PROGRAMS: Aging and Senior Resources Mental Health	☐ Domestic Violence Services☐ Transportation	Legal Resources Veteran Services						
Please tell us why the above areas interest you.								
Special Skills or Qualifications								
Tell us about your experience and willingnes	s to work and advocate on behalf of disadvan	tage populations.						
Do you feel a part of a community or group that has been under-represented or historically oppressed? Please tell us about it.								

Are you affiliated with Please tell us about it		ork exper	ience, any local orga	nizations or efforts working to eliminate poverty?	
Optional Informati	on				
optional. We at Oppo		ersity of		about your gender and background. This information is orientation and identity, religion, ethnicity, national origin	
Years lived in:	Island County:	S	an Juan County:	Whatcom County:	
Birthdate:	_11				
Do you identify a	as:				
☐ Female			Male	Cisgender / Non-Transgender	
☐ Transge	nder		Non-Binary	☐ Prefer Not To Answer	
Do you identify	as:				
□ Native A	merican/Alaska Native		Asian American	Black or African American	
☐ Native Hawaiian/Pacific Islander			White/Caucasian	☐ Middle Eastern	
☐ Hispanic/Latin(x)			Slavic/Russian	☐ More Than One Race	
☐ Prefer N	ot To Answer		Prefer to Self-Describe:		
Do you identify a	as a person with a disabilit	y?			
Yes	□ No □ F	Prefer No	ot To Answer		
Do you consider	r yourself to be:				
☐ Part of the	he LGBTQIA+ Community		Straight/Heterosexua	Prefer Not To Answer	
Application Submi	ission				
• •	oleting this application forn	n and fo	r your interest in ser	rving on the board.	
Email:			Mail / In Person:		
anneliese_deleon@oppco.org			Anneliese de Leo	n	
			Opportunity Council 1419 Cornwall Ave, Bellingham, WA 98226		
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Meetings are open	to the public. If you would	like to re	eceive meeting notif	fications, please check here	