

APPLICATION FOR MEMBERSHIP
CITY OF PORTLAND BICYCLE ADVISORY COMMITTEE

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work/School/Message: _____

Date of Birth: _____

Occupation: _____ Employer: _____

1. Do you reside within City of Portland boundaries? Yes No

2. Education (Schools attended, degrees earned, training received):

3. Do you currently hold elective office? No Yes _____

4. List any major paid employment and community volunteer activities which may relate to service on the Bicycle Advisory Committee:

<i>Dates (from/to)</i>	<i>Employer/Volunteer Activities</i>	<i>Responsibilities</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. What skills or experience will you bring as a member of the Bicycle Advisory Committee?
attach response on an additional page

6. Why do you want to serve on the Bicycle Advisory Committee?
attach response on an additional page

8. List names, addresses, and phone numbers of two people who may be contacted as references:

9a. Describe your bicycle use (check all that apply):

- I bike for transportation year-round.
- I bike for transportation in good weather
- I am a regular recreational rider
- I occasionally ride for fun and/or exercise
- I bike with my family
- I seldom ride my bike

9b. What parts of the city do you typically ride in/through?

10. Additional comments:

Please return completed application form by Friday, August 26, 2016 to:

Rithy Khut
phone: (503)866-8181 e-mail: <khut.rithy@gmail.com>

OPTIONAL DEMOGRAPHIC INFORMATION

Please note this optional information must remain on a separate page from the rest of the application. The City asks that you voluntarily provide the following information. The City will use this information for statistical purposes. By providing this information, you will help us ensure that appointments represent a broad cross-section of the community. You are under no legal obligation to provide this information. State and federal law prohibit the use of this information to discriminate against you. The City will treat this information as confidential to the fullest extent allowed by law.

Gender Identity: _____

Sexual Orientation: _____

Race/Ethnicity: _____

National Origin: _____

Age: _____

Disability ___ No ___ Yes If yes, please specify: _____

Languages Spoken _____

Highest Level of Education

- High school degree or less
- Some college / technical / community college / 2-year degree
- College degree
- Post graduate