

# Community Advisory Committee (CAC) Membership Application

Thank you for applying to be a member of The Center's Community Advisory Committees (CAC). Please complete this form and return it to the Center Staff representative for the CAC you are interested in. Use the reverse side, if you need more space!



If you have any questions, please contact [feedback@thecentersd.org](mailto:feedback@thecentersd.org).

<b>Name:</b>	<b>Pronouns:</b>														
<b>Mailing Address:</b>															
<b>Phone Number(s):</b>															
<b>Email Address:</b>															
<p>To take part in a Community Advisory Committee, it is required to be an active Center volunteer and participate in at least two activities/events/groups per month in the last six months, not including a CAC meeting).</p> <p><b>Have you completed The Center's Volunteer Process (application, training, fingerprints, etc.)?</b></p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> It's in process! To be completed by: _____ (date)</p> <p><b>Have you attended at least two Center activities/events/groups per month, not including a CAC meeting, in the last 6 months?</b></p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><b>Please share which activities/events/groups?</b></p>															
<b>Areas of experience (community, lived, and professional) and any unique skills:</b>															
<p><b>Please mark the specific program's Community Advisory Committee you are applying for:</b></p> <table><tbody><tr><td><input type="checkbox"/> Advocacy &amp; Civic Engagement</td><td><input type="checkbox"/> Transgender and Nonbinary Services (Project TRANS)</td></tr><tr><td><input type="checkbox"/> Black Services</td><td><input type="checkbox"/> Youth Services</td></tr><tr><td><input type="checkbox"/> Community Engagement</td><td><input type="checkbox"/> Sunburst Youth Housing Project</td></tr><tr><td><input type="checkbox"/> Family Services</td><td><input type="checkbox"/> LGBTQ Safe STAY Wellness Center</td></tr><tr><td><input type="checkbox"/> Latin@x Services</td><td><input type="checkbox"/> Women's Services</td></tr><tr><td><input type="checkbox"/> Senior Services</td><td><input type="checkbox"/> Volunteer Services</td></tr><tr><td><input type="checkbox"/> Sexual Health &amp; Wellness</td><td></td></tr></tbody></table>		<input type="checkbox"/> Advocacy & Civic Engagement	<input type="checkbox"/> Transgender and Nonbinary Services (Project TRANS)	<input type="checkbox"/> Black Services	<input type="checkbox"/> Youth Services	<input type="checkbox"/> Community Engagement	<input type="checkbox"/> Sunburst Youth Housing Project	<input type="checkbox"/> Family Services	<input type="checkbox"/> LGBTQ Safe STAY Wellness Center	<input type="checkbox"/> Latin@x Services	<input type="checkbox"/> Women's Services	<input type="checkbox"/> Senior Services	<input type="checkbox"/> Volunteer Services	<input type="checkbox"/> Sexual Health & Wellness	
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What interests you in participating in this program's Community Advisory Committee at The Center?

Is there anything else you'd like to tell us about yourself?

*Yes, I am applying to join one of The Center's Community Advisory Committees, for a 2-year term!*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*\*Please attach/include a signed copy of The Center's Community Guidelines.*