

# DIVERSITY, EQUITY and INCLUSION COMMITTEE APPLICATION



Name:    Date:   
Last First Middle

Address:

City/ State/Zip:

Telephone No.:     
Home Work Cell/Mobile

E-Mail Address:

Present Occupation:

Wilsonville Resident:  No  Yes – since year:

1. Please provide personal, professional, and volunteer background or perspective you would bring to the committee:

2. Bias/inclusion work can be highly emotional. How do you manage yours and other people's emotions?

**3. How do you define diversity and equity?**

**4. What do you envision for Wilsonville in the future related to diversity, equity, and inclusion?**

**5. What specific accomplishments do you hope the DEI Committee will make? How will you go about it?**

**Signature:**

**Date:**

For office use only:

Please return this form to:

Date Received:	City Recorder 29799 SW Town Center Loop E. Wilsonville, OR 97070  503-570-1506 503-682-1015 (FAX) <a href="mailto:cityrecorder@ci.wilsonville.or.us">cityrecorder@ci.wilsonville.or.us</a>
Date Considered:	
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Term Expires:	

