Thurston County
Community Investment Partnership
Advisory Committee

Application (Due March 24, 2017 @ 5:00pm)

(Also available online at: http://www.co.thurston.wa.us/health/sscp/CIP.html)

Name: ____________________________________________

Mailing Address: _________________________________________________________

Address __________________________________ City ___________ State __________ Zip Code ___________

Home Phone: ____________________________    Cell Phone: __________________________

Email Address: _____________________________________________________________

Occupation: ____________________________________________

1. Please check the following boxes to certify that you:

☐ Are a resident of Thurston County    ☐ Are willing to learn about services for people with housing and human service needs

☐ Have no interest in any organization receiving CIP funds    ☐ Can understand strategic plans

☐ Can commit time to serve on this committee

2. Describe your qualifications, skills, and/or awareness in the following areas:

• Affordable and Homeless housing and services

• Human services

• Education and resilience for children and at risk youth and families

3. With what community organizations do you currently volunteer, or have volunteered in the past?

_______________________________________________________________________________

4. Are you able to commit to the attached schedule through May of 2017?    ☐ Yes    ☐ No

5. For what term-length(s) are you able to serve?    ☐ 2 years    ☐ 3 years
Schedule
March – May
• Meet monthly to participate in panel orientation & review applications
• 4/12 5-7pm Panelist orientation and training

June – March
• Meet quarterly
• Review annual grant performance reports