Gay, Lesbian, Bisexual and Transgender (GLBT) Advisory Group

Application Form

Name: _____

Mailing Address: _____

_____

E-mail: _____

Phone: _____ (home) _____ (work)

_____ (cell) _____ (fax)

1. The Committee has seats for 7 representatives from different segments of the LGBT community. They are: Transgender, People of Color, Homeowners/Neighborhoods, Businesses/Bars, Youth, Non-profit and Event-driven organizations.

   Which of these groups could you represent (please check):

   - ☐ Transgender
   - ☐ People of Color
   - ☐ Businesses/Bars
   - ☐ Homeowners/Neighborhoods
   - ☐ Youth
   - ☐ Non-Profit Organizations
   - ☐ Events/Non-Profit Organizations

2. What contributions do you anticipate bringing to the work of the Committee? Please describe using the categories provided below.

   a) Professional skills (used in job volunteer work):

   b) Contacts with community organizations (all, not just LGBT):

   c) Other (anything not covered above but which you think is important):

3. List any previous or current experience that would be relevant to this position:

4. What kind of activities or projects do you think the Committee should undertake in the future?

5. Is there anything else that you believe the Committee should know about you in terms of both positive assets and potential liabilities which could affect the work or reputation of the Committee?