



# AMBASSADOR COUNCIL

## Application Form

Thank you for your interest in joining Compass Housing Alliance's NEW Ambassador Council! Use this form to provide useful information about yourself, to ensure the best match between you and the Council. The following information will be shared with the selection committee.

Name:

Home/Cell number:

Mailing address:

Email address:

Briefly describe why you would like to join the Ambassador Council:

---

---

---

---

Your current or recent organizational affiliations (employers, volunteer affiliations, board or committee roles, etc.), list the names of the organization and your role(s):

1.

2.

3.

4.

---

---

---

---

What skill(s) would you like to utilize on this Council? Select all that apply and/or write in more in the area below.

- |  |   |
|--|---|
| <input type="checkbox"/> Advocacy Experience                       | <input type="checkbox"/> DEI Training         |
| <input type="checkbox"/> Lived Experience Perspective              | <input type="checkbox"/> Event Planning       |
| <input type="checkbox"/> Project Management                        | <input type="checkbox"/> Program Development  |
| <input type="checkbox"/> Marketing / Social Media Campaigns        | <input type="checkbox"/> Social Networking    |
| <input type="checkbox"/> Leadership Development / Retreat Planning | <input type="checkbox"/> Data Analysis        |
| <input type="checkbox"/> Public Outreach                           | <input type="checkbox"/> Community Engagement |
| <input type="checkbox"/> Influence within my Professional Networks |   |
- 
- 

What would you like to get out of your participation (e.g., what types of experiences, skills to develop, interests to cultivate, etc.)? Select all that apply and/or write in more in the area below.

- |  |   |
|--|---|
| <input type="checkbox"/> Gain experience with event coordination                         | <input type="checkbox"/> Gain experience with qualitative data analysis                   |
| <input type="checkbox"/> Share experience with event coordination                        | <input type="checkbox"/> Share experience with qualitative data analysis                  |
| <input type="checkbox"/> Learn more about Seattle/King County homelessness               | <input type="checkbox"/> Learn more about the history of federal housing discrimination   |
| <input type="checkbox"/> Learn more about legislative issues and advocacy                | <input type="checkbox"/> Grow my professional network within the realm of social services |
| <input type="checkbox"/> Share my experience and personal history relating to this issue | <input type="checkbox"/> Help addressing homelessness in my community                     |
- 
- 

This council's goal is to include and a diverse group of community members. Please answer the following demographic questions below to your level of comfort:

Do you have lived experience with homelessness or housing insecurity?

- Yes  
 No

What is your gender?

---

What pronouns do you use?

---

Do you identify as a disabled person/person with a disability?

- Yes  
 No

Are you LGBTQIA+?

- Yes  
 No

What is your racial/ethnic identity?

- |  |   |
|--|---|
| <input type="checkbox"/> Black/African American        | <input type="checkbox"/> White/Euro-American          |
| <input type="checkbox"/> Latino/Latinx/Latin@/Hispanic | <input type="checkbox"/> East Asian                   |
| <input type="checkbox"/> South Asian                   | <input type="checkbox"/> Southeast Asian              |
| <input type="checkbox"/> West Asian/Middle Eastern     | <input type="checkbox"/> Pacific Islander             |
| <input type="checkbox"/> Native American/Indigenous    | <input type="checkbox"/> Alaskan Native/First Nations |
| <input type="checkbox"/> Two or more races             | <input type="checkbox"/>                              |

If you join the Council, you agree that you can provide at least 1-4 hours a month in attendance to meetings and activities, and that you do not have any conflict-of-interest in participating.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

If you are not selected as a Council member, or if you decide not to join, would you like to be a volunteer to assist our organization in alternative ways that match your skills and interests?

- Yes                       No                       Perhaps

**Once complete, please save and email this form to [ljarrard@compasshousingalliance.org](mailto:ljarrard@compasshousingalliance.org).**