

Santa Rosa General Plan Update

Community Advisory Committee Application (06/15/2022)

Thank you for your interest in becoming a Community Advisory Committee (CAC) member for the [City of Santa Rosa's General Plan Update](#) project. This committee will play an important role throughout the project. Please be sure to review the separate *Introduction* to fully understand the role and required time commitment of CAC members. Once you have reviewed the letter, please complete the following application form, and return it to Beatriz Guerrero Auna, Equity & Public Health Planner, Planning and Economic Development, City of Santa Rosa, via email at BGuerreroAuna@srcity.org.

Part A: CAC Interest and Experience

1. Please describe why you would like to join the CAC.

2. What skills, experience and/or expertise do you bring to the CAC? How do you see these skills and experiences contributing to the CAC?

3. As a liaison to the local community, describe your ability to distribute information to the community and to encourage participation. You may include your experience with other types of engagement or community events/organizations, and your affiliations with any relevant organizations or groups.

4. Are you a resident of Santa Rosa? Yes No

5. Please select one sector or stakeholder audience you would most likely be a liaison for:

Neighborhood Group

Faith-Based Organization

Community-Based Organization

Youth

Industry or Business

Senior

Health Organization or
Advocacy Group

Other (please specify):

Environmental Organization
or Advocacy Group

6. If you have participated in other City or neighborhood planning processes, please share the names of those planning efforts.

Part B: Tell Us More About Yourself

Your responses to the next two questions are optional and will help us evaluate how successful we are in representing and reaching a broad cross-section of the community.

7. What is your gender?

Female

Male

Non-Binary

I prefer to not say

I prefer to self-identify:

8. What is your ethnicity?

Asian

Black/African

Hispanic/Latino

Native American

Pacific Islander

Caucasian/White

I prefer to not say

I prefer to self-identify:

9. What is your age group?

16-20

21-35

36-55

56-70

70+

10. Please share the names and contact information of other individuals who you would recommend participating on the CAC. We will share the CAC application with these individuals.

Thank you for taking the time to complete this application. Please fill out the information below and sign indicating your interest in being a CAC member and your commitment to the project schedule and associated meetings.

Applicant Name (printed)

Applicant Signature

Phone Number

Email Address

Date