

Community Advisory Council

Name: _____
Last First Middle Initial

Home Address _____
Street City State Zip

Home Telephone: _____ Cell: _____

E-mail Address: _____

Date of Birth: ____ / ____ / ____ Gender: Female Male Other

Years of Residency: _____ Education: _____
(Please indicate highest level of academic achievement)

Below are questions that will allow us to understand your desire to serve on the council and identify your understanding of key focus issues. Please respond to the questions as honestly and openly as possible.

1. Tell us a little about yourself and why you are interested in serving on the council.

2. Why is understanding trauma important to building a community?

3. What does community building mean to you?

4. What is the greatest obstacle to improve race relations?

5. Please share with us how you believe your voice will advance the community, work as partner, and advocate for an improved quality of life.

**Please include TEN signatures of community members from your own neighborhood who support your interest in the
Community Advisory Council**

NOTE: Signatures must be in same neighborhood and include addresses. They may be contacted.

Name <i>(Please Print Legibly)</i>	Email Address	Home Address	Phone Number
Print:			
Signature:			
Print:			
Signature:			
Print:			
Signature:			
Print:			
Signature:			
Print:			
Signature:			
Print:			
Signature:			
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Signature:			
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Signature:			

Please submit applications by July 29, 2016
 Attention: Tori Toliver-Powers at tori.toliver-powers@uwrochester.org
 Mail: 75 College Ave, Rochester, NY 14607 *Fax: 585-242-6500