

















# CAB APPLICATION QUESTIONS

-  Name
-  Preferred Contact Method
-  Contact Information
-  Oregon County of Residence
-  Are you willing to commit at least one year of service which includes active participation in approximately 3-4 activities per year, each involving approximately two hours or effort (split between reviewing written material and a virtual meeting)?
-  Age
-  Pronouns
-  Gender Identity
-  Sexual Orientation
-  Racial and Ethnic Identity
-  How did you hear about this opportunity?
-  Please describe how your work and life experiences will inform your work on the CAB?
-  Aside from the main goals of this CAB, please share any other goals you hope to accomplish by serving on this CAB.
-  We are seeking CAB members who have lived experience with recovery from substance use disorder (whether considered as traditional, abstinence-based recovery types or those based in harm reduction ideology) and are able to represent the voice of their community (e.g., have contact and deep conversations with others in the community so they can bring as many voices as possible to be heard).  
Please describe how you are engaged with or are active in your recovery community, particularly how you might be able to represent the views of both service providers and service recipients.