



## COCONINO COUNTY COMMUNITY ACTION AGENCY ADVISORY BOARD

Coconino County is seeking applicants for Consumer Representatives to serve on the Coconino County Community Action Agency Advisory Board (CAAB)

### Board Applications:

Attn: Norma Gallegos  
2625 N. King Street, 2<sup>nd</sup> floor  
Flagstaff, AZ 86004  
(ngallegos@coconino.az.gov)  
(928) 679-7430 F: (928) 679-7461

Equal Opportunity Employer/Program; Auxiliary aids and services are available upon request to individuals with disabilities.

### Qualifications for a Consumer Representative:

- ◆ Must be 18 years or older and reside in Coconino County
- ◆ Must be low-income or have experience and knowledge of the challenges facing the low-income population.

**Representatives for the Consumer Sector must submit a petition with 25 signatures from the area they are representing.**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Physical Address (where you live): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Please list all of your other community board affiliations and dates of service (past and present): \_\_\_\_\_

Do you or any relatives work for or serve on a board of an organization that receives CSBG funding?  Yes  No

How many members are living in your household? \_\_\_\_\_ Please circle your **YEARLY Gross** Income Level below:

\$0 -	\$ 15,000 -	\$ 25,000 -	\$ 35,000 -	\$ 45,000 -	\$ 55,000 -	\$ 65,000 -	\$ 75,000 -	\$ 85,000 -	Above
\$15,000	\$25,000	\$35,000	\$45,000	\$55,000	\$65,000	\$75,000	\$ 85,000	\$100,000	\$100,000

**Board Requirements:** The board meets five times per year). Travel and mileage is reimbursable. The term of a Consumer Representative is a two-year term.

Yes, I meet the minimum requirements and I am able to fulfill the time expectations of a board member. If chosen to serve, I will attend the board meetings.

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

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

**Tell us about yourself and why you want to serve on the Coconino County Community Action Agency Board:**

**Please describe your previous community service activities (both paid and volunteer):**

**What specific skills and/or experience do you have with poverty-related causes?**

**What aspects do you think are important to see included in poverty reduction programs?**

**Any additional information you would like us to know:**