



ADVISORY COMMITTEE INTEREST FORM



Please check if this is an application for reappointment

This is an application for an ODOT Advisory Committee. You must be an Oregon resident to apply unless otherwise noted. Please contact the ODOT committee administrator for your particular committee if you have any questions.

Options to Return Application Packet:

Mail: _____, Oregon Department of Transportation, _____
Email a PDF to: _____@odot.oregon.gov

Note: This application is subject to the Public Records Act and may be disclosed upon request. Personal information will be redacted.

Committee Appointment Desired: (Please print or type)

(Committee Name)

(Position)

Governor Appointed? Yes No

First Name: _____ MI: _____ Last Name: _____

Preferred Name: _____ (Ex. Thomas -> Tom) Title: (Mr. Ms. Dr.) _____ Suffix: (Jr., PhD) _____

Permanent Address: _____

City: _____ State: _____ Zip Code: _____ County (not USA): _____

Cell Phone: _____ Work Phone: _____ Home Phone: _____

Email Address: _____

Expertise/Special Skills: _____

To better assist us in meeting our equity goals and in alignment with HB 2985, we would appreciate information about your gender identity and background. On the following page you will be asked a series of questions. This information is optional and is used for data collection only. Under state and federal law, this information may not be used to discriminate against you. Thank you for your participation.

Gender Identity: Female Male Non-Binary Transgender

Race/Ethnicity (Select One): African American/Black American Indian/Indigenous/Tribal Member
 Alaskan Native Asian Caucasian/White Native Hawaiian/Pacific Islander
Multiracial/Multiethnic

Ability: I identify as a person living with a developmental, psychological, learning, or physical disability.
Yes No

Language: My native or first language is: _____

Age: Under 18 18-25 26-64 65 and over

I understand that I am entitled to compensation for my expertise and experience being used to advise program, policy, and projects. If I receive more than \$600 in compensation during a calendar year I also understand that I will be taxed for that compensation at the end of the year. As such, I choose the following for my compensation in alignment with HB 2992 and ODOT's Economic Equity Compensation Policy. Please select only one of the following options:

_____ I am serving on this committee as a part of a job function for which I am being compensated for by my employer.

_____ I will be serving on a Governor-Appointed Committee and have an adjusted gross income of less than \$50K per year filing single or \$100K per year filing jointly, so I wish to receive \$155 per diem for my service.

_____ I am on an ODOT-appointed committee and wish to receive \$20 to \$30 per hour for my service, dependent upon the service performed.

_____ I would not like to be monetarily compensated for my service.

By signing below I certify that I understand the compensation policy for my committee, know that I could receive a tax bill if my compensation exceeds \$600, and certify that I am not being compensated in any other way.

Signature

Date