

Thank you for your interest in our Evergreen Council on Problem Gambling (ECPG) Community Advisory Committees. The experience, insights, and knowledge shared by Community Advisory Committees are vital to helping ECPG offer and enhance programs that meet the needs of diverse communities we serve throughout Washington State. Applications are accepted at any time whether or not there are current openings on any committees. Your application will be kept on file for a minimum of one year for consideration.

Evergreen Council on Problem Gambling
COMMUNITY ADVISORY COMMITTEES
Application Form

CONTACT INFORMATION	
First Name:	Last Name:
Title:	Company: (if applicable)
Address:	PO Box/Unit #
City and State:	Zip Code:
Phone:	Mobile Phone:
Email Address:	

COMMUNITY ADVISORY COMMITTEE(S) FOR WHICH YOU'D LIKE TO APPLY:

- | | | |
|--|---|--|
| <input type="checkbox"/> Asian/Pacific Islander
<input type="checkbox"/> Black
<input type="checkbox"/> Faith-Based
<input type="checkbox"/> Healthcare | <input type="checkbox"/> Latinx
<input type="checkbox"/> LGBTQ
<input type="checkbox"/> Military/Veterans
<input type="checkbox"/> Native American | <input type="checkbox"/> Recovery Community
<input type="checkbox"/> Senior (60+)
<input type="checkbox"/> Young Adult (18-21) |
|--|---|--|

EXPERIENCE, COMMUNITY ENGAGEMENT, AND SERVICE HISTORY

On a separate page, please answer the following questions:

1. Why are you interested in applying to join an ECPG Community Advisory Committee.
2. What skills and assets do you feel you would bring to the Community Advisory Committee(s) that interests you?
3. Please list and briefly describe the community-based organizations with which you are affiliated.

Please indicate all of the following areas in which you have professional or personal experience:

- | | | |
|---|---|---|
| <input type="checkbox"/> Addictions/Mental Health Recovery Services | <input type="checkbox"/> English as a 2 nd /3 rd Language | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Addictions/Mental Health Treatment | <input type="checkbox"/> Family Support Services | <input type="checkbox"/> Media Relations |
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> Gambling/Gaming Industries | <input type="checkbox"/> Public Health |
| <input type="checkbox"/> Clergy/Faith-based | <input type="checkbox"/> Government/Legislative | <input type="checkbox"/> Public Speaking |
| <input type="checkbox"/> Crisis Intervention | <input type="checkbox"/> Grant Writing | <input type="checkbox"/> Responsible Gaming |
| <input type="checkbox"/> Education | <input type="checkbox"/> Healthcare | <input type="checkbox"/> Social Justice |
| | <input type="checkbox"/> Immigration Issues | <input type="checkbox"/> Suicide Awareness and Prevention |
| | | <input type="checkbox"/> Other _____ |

AUTHORIZATION

By signing below, you indicate that the information provided on this application form is true and correct, to the best of your knowledge.

Signature

Date

Please return completed form to:
Attn: Community Advisory Committees
Via e-mail: mlgreeley@evergreencpg.org
USPS: 1821 Fourth Ave E, Olympia, WA 98506
FAX: 360.352.4133