

# Community Advisory Board

Name\*:

Street Address\*:

City, State, Zip\*:

Email\*:

Phone\*:

Occupation\*:

Employer\*:

Race/Ethnicity\*:

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Hispanic or Latinx
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White, non-Hispanic/Latinx
- ☐ Other
- ☐ Rather not say

Age Range\*:

- ☐ 18-24
- ☐ 25-34
- ☐ 35-44
- ☐ 45-54
- ☐ 55-64
- ☐ 65+
- ☐ Rather not say

Tell us about your community involvement, volunteer work or interests about your neighborhood, city, etc.\*:

Why do you want to be a part of the CAB?

Are there things about your professional or personal experience that you think would be valuable to TPR\*:

What's your  
favorite TPR  
program?  
Why? \*:

Have you ever  
attended or  
participated in  
a TPR event?  
What was it?  
What did you  
think? \*:

Anything else  
we should  
know about  
you?:

**\*Please email your completed application, a resume or CV noting participation in other boards, commissions, etc. and anything else you think would help in reviewing your application to CAB@tpr.org.**