



Metro Regional Waste Advisory Committee

2024 Nomination form for local government positions

Overview

The Regional Waste Advisory Committee advises Metro Council on the management of the garbage and recycling system. Policy areas include:

- the regional garbage and recycling system and implementation of the 2030 Regional Waste Plan
- regional investment priorities for waste reduction including the development of Metro's Waste Prevention and Environmental Services budget and solid waste fees
- planning responsibilities required by state law
- other garbage and recycling matters deemed by Metro Council to be of the region's concern.

Membership

The policy committee is comprised of 17 members representing cities, counties, the public, and industry. Five positions on the committee are allocated to local government representatives, with the balance consisting of four community members, one environmental or health advocate, one solid waste industry representative, one transfer station representative, one material recovery facility representative, one reuse organization representative, one staff person from the Oregon Dept. of Environmental Quality and two Metro Councilors as chair and vice-chair. The committee will meet for two hours every month, with one to two hours of preparation time required per meeting.

Nominations and Terms

Local government seats must be nominated by their executives as part of their application process. The Metro Council President appoints members to the committee, subject to Metro Council confirmation. The local government members will serve for a term of two years. A member may be reappointed for additional terms of one to two years through the appointment process set forth above.

Please provide the information requested on the following pages.

Metro Regional Waste Advisory Committee
2024 NOMINATION FOR LOCAL GOVERNMENT POSITIONS



Nominee's Name and Title: _____

Email address: _____

Phone: _____

Mailing address: _____

Jurisdiction name: _____

Nominator (Mayor/Chair of County Commission)

Name: _____

Date: _____

Brief bio of nominee including job title, experience and interest in serving on the Regional Waste Advisory Committee:

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(Optional) Please list endorsements from jurisdictions for your selection to the committee if applicable.

Nomination submission

Please email this completed form to carly.tabert@oregonmetro.gov.

Please note that the information provided in this document is public information.

Metro makes a commitment to provide reasonable accommodation for any disability that may interfere with a person’s ability to actively participate in this nomination process. Call (503) 797-1890 with such requests or (503) 797-1804 TDD. Please call (503) 797-1890 if you would like to receive the nomination form translated into a different language.

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Metro

600 NE Grand Ave.
Portland, OR 97232

Optional information

Metro asks that you voluntarily provide the following information for the nominee. We will use this information to help improve public engagement and for statistical purposes, such as tracking the diversity of board, commission, or advisory committee member selections. By providing this information, you will help us ensure that selections represent a broad cross-section of the community.

You are under no obligation to provide this information. State and federal law prohibit the use of this information to discriminate against you. Metro will treat this information as confidential to the fullest extent allowed by law.

Residence Location

In which county do you live?

- Multnomah
- Washington
- Clackamas
- Other (Please describe) _____

Age

Which of the following ranges includes your age?

- Under 18
- 18 to 24
- 25 to 34
- 35 to 44
- 45 to 54
- 55 to 64
- 65 to 74
- 75 and older
- Prefer not to answer

Race/Ethnicity

Within the broad categories below, where would you place your racial or ethnic identity? (Select all that apply)

- Native American, American Indian or Alaska Native
- Asian or Asian American
- Black or African American
- Hispanic or Latino/a/x
- Native Hawaiian or other Pacific Islander
- White
- An ethnicity not included above (please specify) _____
- Prefer not to answer

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Gender

How do you identify your gender? (Select all that apply)

- Man
- Woman
- Transgender
- Non-binary, genderqueer or third gender
- A gender not listed above (please describe) _____
- Prefer not to answer

Income

Which of the following best represents the annual income of your household before taxes?

- Less than \$10,000
- \$10,000 to \$19,999
- \$20,000 to \$29,999
- \$30,000 to \$39,999
- \$40,000 to \$49,999
- \$50,000 to \$74,999
- \$75,000 to \$99,999
- \$100,000 to \$149,999
- \$150,000 or more
- Don't know / Prefer not to answer

Housing

Which of the following best represents your housing?

- Single family home
- Multi-family home
- Other
- Don't know / Prefer not to answer

Disability

Do you live with a disability? (Select all that apply)

- Hearing difficulty (deaf or having serious difficulty hearing)
- Vision difficulty (blind or having serious difficulty seeing, even when wearing glasses)
- Cognitive difficulty (because of a physical, mental or emotional problem, having difficulty remembering, concentrating or making decisions)
- Ambulatory difficulty (unable or having serious difficulty walking or climbing stairs)
- Self-care difficulty (unable or having difficulty bathing or dressing)
- Independent living difficulty (because of a physical, mental or emotional problem, unable or having difficulty doing errands alone)
- A disability not listed above (please describe) _____
- No disability
- Prefer not to answer