



Connect SW PDX

Nature . Neighbors . Connect

Community Liaison Sign Up Form

Name: _____

Address: _____

Phone: _____

Email: _____

Languages Spoken: _____

I am willing and able to provide translation services when conducting door-to-door conversations and/or meetings:

Yes No

Community Organization Affiliations (Please let us know which community organizations you are affiliated with so that we may seek their involvement in this process):

Preferred Days of the Week to Meet (To help us determine the best days for our forum, community liaison training, and Listening & Action survey):

Preferred Times to Meet: _____

Comments/Questions:

