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CITY OF  
**PORTLAND, OREGON**

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OFFICE OF NEIGHBORHOOD INVOLVEMENT

**CHLOE EUDALY, COMMISSIONER**  
David Austin, Interim Bureau Director  
**Cannabis Program**  
1221 SW 4th Avenue, Room 110  
Portland, Oregon 97204

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*Promoting a culture of civic engagement*

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**2017-18 CANNABIS POLICY OVERSIGHT TEAM:  
CALL FOR APPLICANTS**

***LAST DAY TO APPLY: MAY 10, 2017***

The City of Portland's Cannabis Program is requesting applicants for the 2017-18 Cannabis Policy Oversight Team (CPOT)!

**WHAT IS CPOT?**

CPOT is the City of Portland's cannabis policy advisory group made up of community members, cannabis industry members, and health officials (among other stakeholders). CPOT facilitates discussion about cannabis policy to ensure that Portland's cannabis regulations are fair for businesses, maintain the safety and livability of our neighborhoods, and reflect Portland's values.

The conversations and recommendations from CPOT inform the Cannabis Program, offer recommendations for changes to cannabis business application and licensing procedures, and provide insight to Portland City Commissioners when considering changes to Portland's cannabis code language.

**WHO CAN SERVE ON CPOT?**

As a neighbor, a community leader, a cannabis business owner, a health care professional, a cannabis industry consultant, or just someone interested in Portland's cannabis policy, diverse perspectives are critical as we continue integrating the cannabis industry into the business community of Portland. CPOT members are asked to provide input and offer recommendations on a variety of issues ranging from social environments for cannabis use to local taxes, as well as other issues as they emerge.

**HOW OFTEN DOES CPOT MEET?**

CPOT meetings are 2 hours long, from 6 to 8pm on the fourth Wednesday of every month, from May 2017 through April 2018.

**HOW DO I APPLY?**

The last day to apply is **May 10, 2017**. Completed applications may be emailed to [cannabis@portlandoregon.gov](mailto:cannabis@portlandoregon.gov) with "CPOT Application" in the subject line. You may also mail or drop off your application to the address in the letterhead above.

**2017-18 CANNABIS POLICY OVERSIGHT TEAM:  
APPLICATION  
LAST DAY TO APPLY: MAY 10, 2017**

<b>CONTACT INFORMATION</b>	
Full Name:	
Email:	
Phone:	
Mailing Address:	
City, State, Zip:	
Occupation/Businesses:	
Cannabis Industry Affiliations:	
Community Affiliations:	

<b>QUESTIONS ABOUT SERVING ON CPOT</b>	
Why would you like to serve on CPOT?	
In a few sentences, share your view of what cannabis regulations ought to accomplish.	
What experiences, skills, and perspectives do you feel will be valuable for CPOT?	
Describe a situation in which you were asked to offer critical feedback about a policy, rule, or regulation.	

**VOLUNTEER AND WORK EXPERIENCE**

Please list work or volunteer experience that will be helpful for serving on CPOT

<b>DATES (From / To)</b>	<b>VOLUNTEER OR WORK ACTIVITY</b>	<b>RESPONSIBILITIES</b>

My signature affirms that all information contained herein is true to the best of my knowledge, and that I understand that any misstatement of fact or misrepresentation of credentials may result in this application being disqualified from consideration.

**Signature:**

\_\_\_\_\_

**Date:**

\_\_\_\_\_

*To help ensure equal access to City programs, services, and activities, the City of Portland will reasonably modify policies/procedures and provide auxiliary aids/services to persons with disabilities. Call 503-823-9333 or email [cannabis@portlandoregon.gov](mailto:cannabis@portlandoregon.gov) with such requests.*

## OPTIONAL DEMOGRAPHIC INFORMATION

The City asks that you voluntarily provide the following information. The City will use this information for statistical purposes, such as tracking the geographical diversity of board and commission appointees. By providing this information, you will help us ensure that appointments represent a broad cross-section of the community. You are under no legal obligation to provide this information. State and federal law prohibit the use of this information to discriminate against you. The City will treat this information as confidential to the fullest extent allowed by law.

### Neighborhood

### Age

Under 18      18-24      25-34      35-44      45-54      55-64      65+

### Race, Ethnicity or Cultural Identity. Select all that apply:

African-American      Asian/Pacific Islander      Caucasian  
Native American      Latino/Hispanic  
Other:

### Gender Identity:

### Do you want to self-identify as a person with a disability?:

Yes      No