#### Ever been curious about what it means to "Check Your Privilege?"

Most of us have privilege in at least one area of our identity (e.g. race, gender, ability status). Exploring and understanding our privilege in systems of oppression is absolutely important AND difficult to do in isolation. This unique, 9-month Professional Learning Community (PLC) offers members the chance to investigate their social location in systems of power, in a supportive community of personal inquiry.

WHAT: Apply for a spot in this SBCTC-grant funded Professional Learning Community (PLC).

WHEN: Completed applications are due to Dr. Bevyn Rowland (HSC 124 or <a href="mailto:BRowland@clark.edu">BRowland@clark.edu</a>) by midnight Saturday, October 1, 2016. There is also a mandatory retreat at the Oregon Coast from late afternoon Wednesday, October 19, 2016, until Friday, October 21, 2016. (Travel, food, and lodging provided. See application or contact Bevyn for more information.)

**WHO:** Full and part-time Clark College employees are encouraged to apply (faculty and staff); October 2016-June 2017 commitment required.

WHERE: Monthly on-campus meetings, with refreshments and shared experiences November 2016-June 2017

**WHY:** Clark College student and employee surveys have consistently shown us that our campus culture needs improved understanding and response to Power, Privilege, and Inequity. This is a chance for you to take a personal move toward shifting our culture toward social equity and justice.

Appli	lication	
Name:	2:	Pronouns (i.e. they/them; him/his)
Race: _		
Gende	er:	
Sexual	al Orientation:	
Socio-E	-Economic Class:	
Ability	y Status:	
Clark C	College Job Title:	
Clark C	College Department:	
Email a	and Phone number:	
Numbe	per of Work Hours Per Week at Clark:	
Name :	e and Email of Direct Supervisor (if applicable):	
Have y	you gotten the assent of your direct supervisor to	participate in the PLC for 2016-2017?
(Please	se complete supervisor assent form attached.)	
	l Yes	
	No; Reason:	<del>_</del>
Will yo	ou be able to attend a mandatory retreat at the O	regon Coast from 4:00 pm October 19, 2016 through 12:00
pm Oc	ctober 21, 2016? (Transportation, food, and lodg	ing provided by SBCTC grant.)
•	l Yes	
	No; Reason:	
Will vo	ou commit to attend monthly PLC in-person mee	tings? (1.5 hours per month during Clark business hours)
•	Yes	and the state per month during clark additions flours
	No; Reason:	

Please list the aspective this PLC (Examples:			-		give you	privilege	and that	you are	willing t	o explo	re in
On a scale of 0-2	identity	factors in			daily expe	erience?	Circle yo	-			
Race	Not at a	1	2	3	4	Fair Amo	ant 6	7	8	9	Complete 10
Gender	0	1	2	3	4	5	6	7	8	9	10
Ability Status	0	1	2	3	4	5	6	7	8	9	10
Sexual Orientation	0	1	2	3	4	5	6	7	8	9	10
Socio-economic Status	0	1	2	3	4	5	6	7	8	9	10
What are the things	s you hope	e to learr	n over the	e course o	of this ye	arlong PL	C?				
How do you hope p	articipatio	on in this	PLC will	affect yo	ur work a	at Clark?					

#### Agreements

Do you give consent for anonymized learning artifacts from your participation in this pro	oject to be published in
order to comply with the terms of our grant funding? (Example: anonymous blog entr	ies about some of your
experiences.) Please initial:	
Yes	
No	
Do you acknowledge that there is no financial compensation for attending PLC events	s (either on or off your
regular schedule)? Please initial:	
Yes	
No	
Do you agree to work with your supervisor to arrange coverage and/or create a plan for t	he time you will use for
PFLC meetings, retreats, and activities? Please Initial:	
Yes	
No	
(Applicant signature and email address) (	Date of signature)

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Supervisor Assent Form	
I, give assent and support	to(Name of Clark College Employee)
(Name of Supervisor) give assent and support	(Name of Clark College Employee)
For their participation in the Clark College Power, Privilege, and Inc	equity Professional Learning Community (PPI
PLC) from October 2016-June 2017. I will work with this employee	to establish a plan for coverage of their
regular work duties if PFLC meetings or events occur during busine	ss hours. I am aware that neither the
employee nor our departmental budget will be compensated in an	y way for the employee's participation in the
PLC.	
I am also aware that details of individual participation in this PFLC v	will be for the employee to share with their
supervisor if they so choose. No member of the PFLC will disclose $\boldsymbol{\mu}$	progress of another PFLC member.
(Supervisor signature and email address)	(Date of signature)