

Loving Life Again Foundation:

Community Advisory Board Member Application

Thank you for your interest in joining the LLAF Community Advisory Board! Our CAB is a diverse group of leaders, residents, and advocates who help guide our programs, ensure community voice is centered, and promote healing and equity across Los Angeles and Orange County.

Applicant Information
Full Name:
Email Address:
Phone Number:
Preferred Contact Method: □ Phone □ Text □ Email
Professional Affiliation:
Background & Lived Experience
Please check all that apply (optional):
☐ I am a youth (age 16–24)
☐ I am a parent or caregiver
☐ I am part of the LGBTQ+ community
\square I am a person impacted by systemic trauma or foster care
☐ I am a person of color
☐ I have lived experience with housing instability, violence, or reentry
☐ I have lived experience with mental health issues
☐ Other (please describe):
Interest & Motivation
1. Why are you interested in serving on the LLAF Community Advisory Board?

2. What strengths, experiences, or perspectives would you bring to the CAB?
3. Do you have any specific areas of interest? (Check all that apply):
☐ Youth Leadership
☐ Mental Health & Wellness
☐ Cultural Healing & Advocacy
☐ Workforce Development
☐ Family Support Services
☐ Community Outreach
☐ Program Evaluation & Feedback
□ Other:
Commitment & Availability
CAB Members commit to:
- Attend quarterly meetings (in-person or virtual)
- Participate in advisory discussions and program feedback
- Serve as a community ambassador for LLAF's mission
Are you able to commit to this role for at least one year?
□ Yes
□ No
☐ Maybe (explain):
Are you willing to serve as a mentor to individuals engaged with LLAF programs?
□ Yes
□ No
☐ Maybe (explain):

Additional Information (Optional)

Is there anything else you would like us to know?

Submit Your Application

Please submit this form to:

Email: info@loving-life-again-foundation.org