

American Planning Association Community Planning Assistance Team



Community Planning Assistance Team Member Application

Thank you for your interest in participating in a Community Planning Assistance Team (CPAT). The *AICP Code of Ethics and Professional Code* reminds planners that,

“We shall seek social justice by working to expand choice and opportunity for all persons, recognizing a special responsibility to plan for the needs of the disadvantaged and to promote racial and economic integration. We shall urge the alteration of policies, institutions, and decisions that oppose such needs.”

Conscious of the obligation of planners to the public interest, participation in a CPAT provides a unique opportunity to address serious issues affecting communities across the United States where planning resources and expertise may otherwise not be available.

All CPAT team candidates must be an APA member and submit an application with all of the information requested below. Additionally, please include your resume or CV. Send the completed application and CV/resume to: CPAT@planning.org. Or you may send a copy to:

American Planning Association
ATTN: Community Planning Assistance Team
1030 15th Street, NW – Suite 750 West
Washington, DC 20005

There are no deadlines for this application. Applications are always welcomed. Please note that your application will be placed in a database of potential CPAT team members. Each CPAT project is unique and requires a specific set of experts. Expertise for projects is chosen in coordination with the community receiving assistance. If your expertise is desired for a project, APA staff will contact you regarding your interest and availability. Please sign and date the waiver at the end of this application and submit with all of your information.

At least for the near future, only four to six teams will be commissioned each year. We expect to have a great number of qualified candidates, so not all candidates will ultimately be selected for teams. APA will endeavor to select team members so as to distribute the opportunity to the broadest and most inclusive pool of qualified and skilled candidates possible. We will seek specialized services from non-members (architects, realtors, appraisers, etc.) when non-planning expertise is needed.

If you have any questions regarding the CPAT initiative, please contact us via email at: CPAT@planning.org

The primary selection criteria for candidate team members are the match between the skills, expertise, and relevant experience of the candidate and the issues and problems facing the CPAT community. APA's ability to assure successful team assembly is affected by the care and thoroughness of the candidate's application and accompanying resume.

PLEASE SUBMIT YOUR APPLICATION IN THE FORMAT PROVIDED BELOW.

1. Summary of Main Expertise

One line summarizing your main expertise – for example, *Transportation Planner with 20 years of experience*

2. Personal Information

APA ID#

Name

Full Address

Email 1

Email 2

Phone 1

Phone 2

3. Education and Training

Degrees Earned

School, Degree, Graduation Year

School, Degree, Graduation Year

School, Degree, Graduation Year

Other

Certifications

Credentials

Training

Special Programs

4. Professional Experience

Current Employer (if retired, most recent employer)

Name of employer	
Dates of employment	
Your title	
Key projects and accomplishments	

Previous Employer

Name of employer	
Dates of employment	
Your title	
Key projects and accomplishments	

Previous Employer

Name of employer	
Dates of employment	
Your title	
Key projects and accomplishments	

5. Skills

Include any other skills not mentioned above that may be helpful for us to know – computer programs, foreign languages, graphics, etc.

6. Statement of Interest

Please provide a statement (150-word maximum) describing your motivation for applying and what you feel you can bring to the team.

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7. Areas of Interest

Please check the areas of planning in which you specialize (check all that apply).

	Comprehensive Planning		Density
	Environment		Law
	Citizen Participation		Mixed-Use
	Revitalization		Neighborhoods
	Transportation		New Urbanism
	Economic Development		Parking
	Urban Design		Property
	Housing		Signs
	Parks and Open Space		Site Plans
	Green Communities		Small Towns
	Hazards		Smart Growth
	History		Social Equity
	Infrastructure		Streets
	No Fit		Technology
	Climate		Zoning
	Demographics		

8. Prior Team Experience

Please indicate any teams/workshops/technical assistance efforts in which you have participated; the number in which you have participated; the names of specific projects; and the roles that you have served in each of the projects.

Sponsoring Organization (program)	Number of projects involved in	Name(s) of the projects(s)	Role(s) during projects (e.g., participant, leader, organizer, etc.)
APA – Community Planning Workshop			
APA – CPAT			
APA Chapter/ Division			
Urban Land Institute			
American Institute of Architects (SDAT, RUDAT)			
Others:			

9. Availability

Dates and times of the year that you are NOT available	
Please describe your ability and willingness to travel. Do you have any limitations to travel (e.g., mode, distance, etc.)?	

10. References

Please provide three professional references, in the format below:

John Doe, AICP
Director of Planning, City/Town
(555) 555-5555, jdoe@citytown.gov
1234 First Street, Suite 567

Reference 1

Reference 2

Reference 3

*Attach your CV or resume with all of the requested information above.

*Read and sign the waiver below and include with your application and CV/resume.

WAIVER OF LIABILITY AND RELEASE, INCLUDING A CONSULTING SERVICES AGREEMENT, AS CONDITION OF MY PARTICIPATION IN THE COMMUNITY PLANNING ASSISTANCE TEAM INITIATIVE

[PLEASE READ THE FOLLOWING CAREFULLY. IF YOU HAVE ANY QUESTIONS, HAVE THEM ANSWERED BEFORE SIGNING THIS DOCUMENT]

In consideration of being permitted to participate in a Community Planning Assistance Team (CPAT) initiative, I, _____, in full recognition and appreciation of the dangers and risks inherent in such activities, do hereby waive, release, and forever discharge The American Planning Association, its Institute, The American Institute of Certified Planners, and their officers, agents and employees from and against any and all claims, demands, actions, or causes of actions for costs, expenses or damages to personal property or personal injury or death, which may result from my participation in the CPAT.

I understand and fully acknowledge that my participation in the CPAT is voluntary and I assume full responsibility for any injuries or damages resulting from my participation in the CPAT including responsibility for using reasonable judgment in all phases of my participation in the CPAT and in travel to, from, and within the destination for the CPAT project. I recognize and understand that my participation may encounter hazards, that my participation is solely at my own risk, and that I assume full responsibility for any resulting injuries and damages.

I affirm that I am in good health. I further declare that I am physically fit and capable to participate in the CPAT. I acknowledge that it is the recommendation of both The American Planning Association and The American Institute of Certified Planners that I obtain general medical/health insurance as well as travel, personal property protection, and liability insurance if I am not already covered. I understand that it is my responsibility to notify the appropriate persons on my CPAT and wherever I may be working or traveling of emergency medical information. I also understand that this Waiver of Liability and Release is binding on my heirs, executors, administrators, and assigns, as well as me.

I agree to not seek paid consulting work or any other paid services relating to the CPAT work for one full year starting from the end of the CPAT visit to the destination involved.

I acknowledge that I have read and understand this entire Waiver of Liability and Release, and I agree to be legally bound by it. Moreover, my signature below constitutes my affirmation that I have read, understand and accept all of the terms of the invitation to participate in the CPAT, as set out in the letter to me from The American Planning Association and The American Institute of Certified Planners.

Participant's Name

Participant's Signature

Date

Witness

