

BOARDS/COMMISSIONS VOLUNTEER FORM

NAME OF BOARD/COMMISSION: _____

YOUR NAME: _____

DATE: _____

ADDRESS: _____

HOME PHONE: _____

EMPLOYER/OCCUPATION: _____

WORK PHONE: _____

EMAIL ADDRESS: _____

RESIDENCE WITHIN CITY LIMITS () YES () NO HOW MANY YEARS HERE? _____

REGISTERED VOTER () YES () NO

COMMENTS ON WHY YOU WOULD LIKE TO BE APPOINTED TO THIS BOARD/COMMISSION:

DO YOU ENGAGE IN BUSINESS THAT IS ANYWAY RELATED TO THE DUTIES OF THIS BOARD/COMMISSION? ANY CONFLICTS OF INTEREST? _____

ANY SPECIAL EXPERIENCE, TRAINING, KNOWLEDGE OR ABILITIES YOU HAVE THAT ARE RELATED TO THIS BOARD/COMMISSION OR THAT WOULD HELP YOU WITH THE WORK OF THIS BOARD/COMMISSION? _____

ARE THERE ANY DAYS OR TIMES YOU CANNOT ATTEND MEETINGS ON A REGULAR BASIS?

IS THERE ANY INFORMATION ABOUT YOURSELF THAT YOU WOULD LIKE TO OFFER THE CITY COUNCIL TO AID THEM IN THEIR APPOINTMENT PROCESS? _____

REFERENCE(S): PLEASE LIST NAME, ADDRESS, PHONE NUMBER OF A PERSONAL OR BUSINESS REFERENCE (PROVIDING THIS INFORMATION IS OPTIONAL)

Please return to City Hall at PO Box 650, 1655 First Street, Baker City, OR 97814, Attention: Becky Fitzpatrick. Thank you for your interest in the City of Baker City.

For Office use only:

Date appointed/denied: _____ Term expires: _____
Date appointed/denied: _____ Term expires: _____
Date appointed/denied: _____ Term expires: _____