

APPLICATION FOR APPOINTMENT TO COMMISSION, COMMITTEE OR TASK FORCE

\*\*If you do not wish to have any specific information in this form given out to the general public, please let us know, in writing, and tell us the reason why. We will try to honor your request within the constraints of the applicable public records law\*\*

I am interested in serving as a member of the \_\_\_\_\_

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employment: \_\_\_\_\_

Area of Interest: \_\_\_\_\_

Area of expertise: \_\_\_\_\_

Why do you want to serve? \_\_\_\_\_

Previous service in this appointed position or similar position \_\_\_\_\_

Other volunteer activities \_\_\_\_\_

**Does your schedule allow you to attend;**

Daytime Meetings  yes  no Evening meeting  yes  no

Does your schedule limit the day you could attend meetings?  yes  no

Have you ever been convicted of a crime?  yes  no If yes, please explain

Additional Comments \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Please return application to:

City of Port Orford  
P.O. Box 310  
Port Orford, OR 97465

Phone: 541-332-3681

Fax: 1-877-281-5307

email: [trichards@portorford.org](mailto:trichards@portorford.org)