

City of Port Orford

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 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 _____

Residence address if different from above _____

Home telephone _____ Work telephone _____

Email _____

Current employment _____

Your area of interest _____

Your area of expertise _____

Why do you want to serve? _____

Previous service in this appointed position or a similar position _____

Other volunteer activities _____

Does your schedule allow you to attend;

Daytime Meetings yes no Evening meetings yes no

Does your schedule limit the days 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 to:

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

Phone: 541-366-4568

email: jginsburg@portorford.org

Application for Commission Committee
August 2021