



City of Mt. Angel

P.O. Box 960 / 5 N. Garfield Street, Mt. Angel, OR 97362
Phone (503) 845-9291 Fax (503) 845-6261

APPLICATION FOR APPOINTMENT

Note: This information is a matter of public record and may be published or reproduced.

Please check the box of which boards you are interested in serving:

(You may choose more than one; however, you may only serve on one board per term.)

Planning Commission <input type="checkbox"/> <i>(2-year term)</i>	Design Review Board <input type="checkbox"/> <i>(2-year term)</i>	Library Board <input type="checkbox"/> <i>(2-year term)</i>	Budget Committee <input type="checkbox"/> <i>(3-year term)</i>	Park/Tree Board <input type="checkbox"/> <i>(3-year term)</i>	Communications Committee <input type="checkbox"/> <i>(2-year term)</i>
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Full Name: _____
Last First Middle Initial

Address: _____
Street Address Mailing Address (if different)

Telephone number: _____
Home Work / Other

Email address: _____

Current Occupation: _____

Business Name and Address: _____

Employment, profession, and volunteer background: _____

Are you a qualified elector of the City of Mt. Angel? Yes No

Previous City appointments, offices, or activities *(Elected or Appointed):* _____

Community Affiliations and activities: _____

What skill sets or particular interests do you possess? _____

Are there any days or times you cannot attend meetings on a regular basis? _____

Please explain why you are interested in the appointment and what you would offer to the community._____

Please describe what you believe are the major concerns of the City residents and businesses. How do you think your participation on the committee could address these concerns?_____

Please explain what you think the City of Mt. Angel should do or accomplish to improve the City and the City government._____

Please provide any additional information or comments which you believe will assist the City Council in considering your application._____

Do you anticipate that any conflicts of interest will arise if you are appointed; and if so, how would you handle them?_____

How did you hear of this vacancy?

Newspaper Ad Newspaper Article Mailed Notice Word of Mouth

Board / Committee / Commission member Other:_____

My signature affirms that the information in this application is true to the best of my knowledge. I understand that misrepresentation and/or omission of facts are cause for removal from any council, advisory committee, board or commission I may be appointed to. I understand that all information/documentation related to service for this position is subject to public record disclosure.

Date: _____ **Signature:** _____

Applications will be held for consideration for one year.