



# 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.

**Full Name:** \_\_\_\_\_  
*Last First Middle Initial*

**Physical Address:** \_\_\_\_\_  
*Street Address*

**Mailing Address (if different):** \_\_\_\_\_

**Telephone number:** \_\_\_\_\_  
*Home Work / Other*

**Email address:** \_\_\_\_\_

**Current Occupation:** \_\_\_\_\_

**Occupational Background (include volunteer experience) :** \_\_\_\_\_

**Prior Governmental Experience (Elected or Appointed):** \_\_\_\_\_

**What skill sets or particular interests do you possess?** \_\_\_\_\_

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

|   |   |                                       |  |   |
|---|---|---------------------------------------|--|---|
| <b>Planning Commission</b><br>(2-year term) | <b>Design Review Board</b><br>(2-year term) | <b>Library Board</b><br>(2-year term) | <b>Budget Committee</b><br>(3-year term) | <b>Park/Tree Board</b><br>(4-year term) |
|---|---|---------------------------------------|--|---|

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

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

*This application will be held for consideration for one year.*

*The City of Mt. Angel is an Equal Opportunity Employer and Provider.*