

Describe activities and achievements: _

City of La Pine Advisory Committee Application

Which Committee would you like to apply for? Please check as many as are applicable.

	Planning Commission Public Works Committee
	City of La Pine Budget Committee (must be a City Resident)
	Urban Renewal District Budget Committee (must be a City Resident)
Genera	Information
Name:	
Address	:
City:	State:Zip Code:Phone Number:
Email A	ddress:
Do you	reside within the city limits of La Pine?
Stateme	nt indicating reason you would like to serve on this voluntary board, committee, or commission:
•	skills, interest, and/or hobbies that you believe would bring value to your ability to serve on this board, committee, or sion:
Current	Occupation:
Volunte	eer History
Other vo	olunteer committee, board, or commission experience:
When: _	Organization:
Type of	Organization:
Address	:Phone Number:
_	

Type of Organization: Address:	When:		Organization:
Role:	Type of Orga	nization:	
Describe activities and achievements:	Address:		Phone Number:
When:Organization:Phone Number:Phone Number:	Role:		
Type of Organization:	Describe activ	vities and achievements: _	
Address:	When:		Organization:
Role:	Type of Orga	nization:	
Other information/References How did you hear about this position? Do you have any neighbors, friends, or relatives presently working for the City of La Pine? Yes list:	Address:		Phone Number:
Other information/References How did you hear about this position? Do you have any neighbors, friends, or relatives presently working for the City of La Pine? Yes	Role:		
Name:Number:Numbe	How did you Do you have	hear about this position?_ any neighbors, friends, or	relatives presently working for the City of La Pine? YesNo. If yes, please
Name:Number:	References:	Name:	Number:
My signature affirms that the information contained in this application is true to the best of my knowledge any misrepresentation and /or omission of facts are cause for my removal from the board, committee, or cappointed to. I further understand and agree that City policy requires disclosure of actual or potential conappointed by the City Council to any committee. All information and /or documentation related to service		Name:	Number:
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	any misrepres appointed to. appointed by	entation and /or omission I further understand and a the City Council to any co	of facts are cause for my removal from the board, committee, or commission to which I are agree that City policy requires disclosure of actual or potential conflicts of interest by person permittee. All information and /or documentation related to service on this board, committee.
Signature: Date	Signature:		Date: