



City Recorder's Office
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 Lebanon, OR 97355
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www.lebanonoregon.gov

APPLICATION FOR BOARD / COMMITTEE / COMMISSION

Applicant Information (Please type/print clearly):

Name:		Date:
Home Address:		
Mailing Address:		
Home Phone:	Email Address:	Business Phone:
Occupation:	Employer:	Emergency Contact Phone:
Preferred method of contact: <input type="checkbox"/> Mail <input type="checkbox"/> Phone <input type="checkbox"/> Email		
Please mark which one you are interested in serving on:		
<input type="checkbox"/> <i>Ad Hoc Committee</i> _____ <small>(Print the Ad Hoc Committee Name)</small>		<input type="checkbox"/> <i>Non-Election Council Vacancy</i>
<input type="checkbox"/> <i>Budget Committee</i> <small>(Must be Registered Voter)</small>	<input type="checkbox"/> <i>Library Advisory Committee</i>	<input type="checkbox"/> <i>Parks, Trees & Trails Advisory Committee</i>
<input type="checkbox"/> <i>Planning Commission</i>	<input type="checkbox"/> <i>Senior & Disabled Services Advisory Committee</i>	
Are you applying for reappointment: <input type="checkbox"/> Yes <input type="checkbox"/> No If so, how long did you serve in this capacity: ____ Year(s) ____ Month(s)		
Describe experience related to position applying for:		
List current and/or previous involvement on any government boards/committees/commissions/councils:		
Explain why you are interested in serving in this capacity (attach additional sheet if needed):		

Applicant's Signature: _____ Date: _____

FOR OFFICE USE ONLY

DATE RECEIVED: ____ / ____ / ____	City Council Appointment Date: ____ / ____ / ____
DATE SENT TO:	Applicant Notification Date: ____ / ____ / ____
Director: ____ / ____ / ____ Mayor: ____ / ____ / ____	Term Start Date: ____ / ____ / ____
Applicant Appointed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Term End Date: ____ / ____ / ____