

**APPLICATION FOR
CITY OF VENETA COMMISSION/COMMITTEE**

NAME OF COMMISSION/COMMITTEE:

reappointment

PLEASE CHECK ONE:

____ New Applicant

____ Application for

RESIDENT OF CITY - DATE YOU BECAME A RESIDENT OF THE CITY: _____

NON-RESIDENT OF CITY

PLEASE PRINT

NAME _____
(LAST) (FIRST)

ADDRESS _____ HOME PH# _____

EMAIL ADDRESS _____ CELL PH# _____

OCCUPATION _____ PLACE OF EMPLOYMENT _____

BUSINESS ADDRESS _____ BUSINESS PHONE _____

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-
1. Please give a brief description of the experience or training that qualifies you for membership on this commission/committee. (If you wish, you may attach a resume or other pertinent material.)

 2. Why do you want to become a member of the above-mentioned commission/committee and what specific contribution would you hope to make?

 3. Please list the community concerns related to this commission/committee that you would like to see addressed if you are appointed.

4. Briefly describe your present or past involvement in relevant community groups. (Having no previous involvement will not disqualify you for appointment.)

5. Are you currently serving on any Advisory Boards, Commissions or Committees? If so, which ones?

6. How did you learn about this vacancy
 Newspaper Word of mouth Other

7. Are you employed by, have any business, contractual arrangements or family connections with programs having contractual agreements with the City that might be within the purview of the committee on which you are seeking appointment?

OPTIONAL INFORMATION

Supplying this information will assist the City of Veneta to evaluate whether appointments represent a broad cross section of the City.

Male Female Asian Latino Black White Native American

Birth date _____

Signature of Applicant _____ Date _____

PLEASE RETURN TO: City of Veneta
 P. O. Box 458
 88184 Eighth Street
 Veneta, OR 97487

The City of Veneta does not discriminate against any person on the basis of race, color, national origin, disability, or age in employment or in admission, treatment, or participation in its programs, services, and activities.

PLEASE COMPLETE BOTH SIDES OF THIS APPLICATION