



City of Jacksonville

P.O. Box 7 – 206 N. Fifth St.

Jacksonville, OR. 97530

(541)899-1231

APPLICATION FOR APPOINTMENT TO COMMITTEE

COMMITTEE APPLYING FOR _____

FULL NAME _____

ADDRESS _____

MAILING ADDRESS (if different) _____

PHONE _____ EMAIL _____

EMPLOYER _____ TITLE _____

DURATION OF EMPLOYMENT WITH CURRENT EMPLOYER _____

REGISTERED TO VOTE? Y / N ARE YOU A JACKSONVILLE RESIDENT? Y / N

IF YES, # OF YEARS AS A RESIDENT _____ DO YOU RENT OR OWN YOUR HOME? _____

IF NOT, HOW FAR DO YOU RESIDE FROM CITY LIMITS? _____

WHY DO YOU WISH TO SERVE THE CITY OF JACKSONVILLE? _____

PLEASE LIST ANY PREVIOUS OR PRESENT INVOLVEMENT IN THE CITY OF JACKSONVILLE, SUCH AS CITY COUNCIL, COMMISSION OR BOARD MEMBERSHIP, CITIZEN'S COMMITTEE, ETC... _____

PLEASE LIST YOUR EDUCATIONAL BACKGROUND: _____

WHAT EXPERIENCE OR EDUCATION HAVE YOU HAD RELATIVE TO YOUR APPLICATION? _____

PLEASE LIST YOUR OCCUPATIONAL EXPERIENCE: _____

PLEASE LIST PROFESSIONAL OR TECHNICAL ORGANIZATION MEMBERSHIPS: _____

LIST ANY ADDITIONAL WORK, CIVIC OR COMMUNITY EXPERIENCE THAT MAY RELATE TO THIS APPLICATION:

*The Comprehensive Plan is the guiding document for many decisions. Your appointment may require you to read and become familiar with the Comp Plan and other city codes upon appointment. Your signature on this application indicates you are willing to do so.

Signature _____ Date _____