



BOARD, COMMISSION, AND COMMITTEE APPLICATION

(Please print legibly or type)

CITY HALL
333 Broadalbin Street SW
P.O. Box 490
Albany, OR 97321-0144
www.cityofalbany.net

(541) 917-7500

Board, Commission, and/or Committee Preference:

(list all for which you are applying)

Name: _____ Preferred First Name: _____

Residential Information:	
Home Address: _____ _____	Phone: _____ Cellular: _____
E-mail: _____	Fax: _____ <i>(Optional)</i>

Employment Information:	
Employer's Name: _____	
Work Address: _____ _____	Phone: _____ Cellular: _____
E-mail: _____	Fax: _____ <i>(Optional)</i>

Please provide information as requested below to describe your qualifications to serve on this City of Albany Board, Commission, or Committee. Feel free to provide additional information that you may wish to share with the City.

- List current or most recent occupation, business, trade, or profession:

For City use only: Ward: I II III or Lives Outside City Limits (Circle One)

If lives outside city limits, does applicant meet special definition for the specific b/c/c for which applying?

Yes No If yes, how? _____

- List community/civic activities. Indicate activities in which you are or have been active:

- Indicate why you are interested in serving on this board, commission, or committee and what other qualifications apply to this position.

- What contributions do you hope to make?

Are you currently an employee or board member of a Transient Lodging Tax (TLT) recipient or TLT collector organization? Yes No

Please consult the *Guide for Public Officials* and the *Guide for Public Officials 2015 Supplement* that are posted on the state of Oregon’s website at <http://www.oregon.gov/ogec/Pages/index.aspx> (see visual reference below).



Guide for Public Officials



The guide has been revised to include informational links to statutes and rules to give you a more complete reference tool.

[Click here to access the guide.](#) [Click here for Guide for Public Officials 2015 Supplement.](#)

Signature of Applicant

Date



BOARD/COMMISSION/COMMITTEE SUPPLEMENTAL FORM

Your Name _____

Board/Commission/Committee Name _____

Sometimes, the City receives requests for contact information for members serving on City boards, commissions, and committees. Under Oregon law, as a public body volunteer serving the City, your addresses and telephone numbers are generally exempt from public disclosure.

To help City staff members, could you please check “yes,” “no,” or “not applicable” below as to whether or not you authorize this information being available to the public:

Home Address	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
Home Telephone Number	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
Home Fax Number	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
Personal Cellular Number	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
Home E-mail Address	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable

Work Address	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
Work Telephone Number	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
Work Fax Number	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
Work Cellular Number	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
Work E-mail Address	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable

Generally, only information for which you have checked “yes” will be released. If you have chosen “no” to all and a citizen wants to communicate with you, the City will suggest that s/he either:

- send a letter to you c/o the liaison City department, P.O. Box 490, Albany, OR 97321; then that department will forward it to you; or
- leave a phone message or E-mail message with the applicable staff liaison who will then give the message to you.

Signature _____

Date _____