

Advisory Board Application

520 E. Cascade Avenue | PO Box 39 - Sisters, Or 97759 | ph. (541) 549-6022 | www.ci.sisters.or.us



- Board Applying For:** City Parks Advisory Board Planning Commission
 Urban Forestry Board Public Works Advisory Board
 Budget Committee (must live inside City limits)
 Other _____

Applicant Information

Name: _____
(Last) (First) (I go by...)

Address: _____
Physical and mailing address City State Zip Code

Telephone Number: _____
Home phone Work phone

E-mail Address: _____

Occupation: _____

Board Questionnaire

1. Do you reside within the city limits of Sisters? Yes No

2. Do you reside within the Sisters School District boundary? Yes No

3. Statement indicating reason you would like to serve on this Advisory Board:

4. Special skills, interests, and hobbies that you believe would bring special value to your ability to serve on this board:

5. How did you hear about this position? _____

Other Volunteer Board, Committee, Commission Experience

Organization 1: _____
Name *Type* *Telephone Number*

Address *Start Date* *End Date*

Role: _____

If you are still serving in this capacity, do you foresee any conflicts between this board and the position you currently hold? Yes No

Organization 2: _____
Name *Type* *Telephone Number*

Address *Start Date* *End Date*

Role: _____

If you are still serving in this capacity, do you foresee any conflicts between this board and the position you currently hold? Yes No

Organization 3: _____
Name *Type* *Telephone Number*

Address *Start Date* *End Date*

Role: _____

If you are still serving in this capacity, do you foresee any conflicts between this board and the position you currently hold? Yes No

References

My signature affirms that the information in this application is true to the best of my knowledge. I understand that misrepresentation and/or omission of facts are cause for removal from any advisory board, committee or commission I may be appointed to. All information/documentation related to service on this board is subject to public record disclosure.

Signature: _____ **Date:** _____

Please return this application to the City of Sisters, 520 E. Cascade Avenue, P. O. Box 39, Sisters, OR. 97759. For more information, please email recorder@ci.sisters.or.us or call (541) 323-5213.