

# Advisory Board Application

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

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

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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

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**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

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**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 or email to [recorder@ci.sisters.or.us](mailto:recorder@ci.sisters.or.us)