## **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 Comm	nission	
Urban Forestry Board	Public Works A	dvisory 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	1	Work phone	
E-mail Address:			
Occupation:			
Board Questionnaire			
1. Do you reside within the city limits of Sisters?	Yes	s No	
1. Do you reside within the city mints of sisters:			
2. Do you reside within the Sisters School District bou	ındary? Yes	S No	
3. Statement indicating reason you would like to serv	e on this Advisory	Board:	
<ol><li>Special skills, interests, and hobbies that you believed board:</li></ol>	ve would bring spe	ecial value to your abi	lity to serve on this
5. How did you hear about this position?			

Address  Start Date  End  Role:  If you are still serving in this capacity, do you foresee any conflicts between this board and the position you hold?  Organization 2:  Name  Type  Telepho  Address  Start Date  End  Role:  If you are still serving in this capacity, do you foresee any conflicts between this board and the position you hold?  Yes  No  Organization 3:  Name  Type  Telepho  Telepho	unteer Board, Committee, Commission Experience		
Address Start Date Enc  Role:  f you are still serving in this capacity, do you foresee any conflicts between this board and the position you hold?    Ves	ion 1:		
Role:    f you are still serving in this capacity, do you foresee any conflicts between this board and the position yold?   Yes   No   No   No   No   No   No	Name	Туре	Telephone Number
f you are still serving in this capacity, do you foresee any conflicts between this board and the position yould?  Yes No  Nome Type Telepho  Address Start Date En  Role:  f you are still serving in this capacity, do you foresee any conflicts between this board and the position yould? Yes No  Organization 3:  Name Type Telepho  Address Start Date En  Role:  Address Start Date En  Foote:  f you are still serving in this capacity, do you foresee any conflicts between this board and the position yould? No  Organization 3:  Foote:		Start Date	End Date
f you are still serving in this capacity, do you foresee any conflicts between this board and the position yould? Yes No    No			
Name  Type  Telepho  Address  Start Date  En  Role:  f you are still serving in this capacity, do you foresee any conflicts between this board and the position you hold?  Yes  No  No  Drganization 3:  Name  Type  Telepho  Address  Start Date  En  Role:  f you are still serving in this capacity, do you foresee any conflicts between this board and the position you are still serving in this capacity, do you foresee any conflicts between this board and the position you hold?  Yes  No  No  eferences		ts between this board ar	nd the position you curren
Address  Start Date  Entitle:  f you are still serving in this capacity, do you foresee any conflicts between this board and the position yould?  Press No  Press No  Name  Type  Telepho  Address  Start Date  Entitle  Yes No  Start Date  For No  Telepho  Tel	tion 2:		
f you are still serving in this capacity, do you foresee any conflicts between this board and the position yould?	Name	Туре	Telephone Number
f you are still serving in this capacity, do you foresee any conflicts between this board and the position you hold?    Yes	Address	Start Date	End Date
Organization 3:  Name  Type  Telepho  Address  Start Date  En  Role:  f you are still serving in this capacity, do you foresee any conflicts between this board and the position yould?  Yes  No  Peferences  y signature affirms that the information in this application is true to the best of my knowledge. I understand that is representation and/or omission of facts are cause for removal from any advisory board, committee or commission.			
f you are still serving in this capacity, do you foresee any conflicts between this board and the position yould? Yes No  eferences  y signature affirms that the information in this application is true to the best of my knowledge. I understand that isrepresentation and/or omission of facts are cause for removal from any advisory board, committee or commission.		Туре	Telephone Number
f you are still serving in this capacity, do you foresee any conflicts between this board and the position you hold?  Yes No  Peferences  y signature affirms that the information in this application is true to the best of my knowledge. I understand that is representation and/or omission of facts are cause for removal from any advisory board, committee or commission.	Address	Start Date	End Date
f you are still serving in this capacity, do you foresee any conflicts between this board and the position yould?  Yes No  eferences  y signature affirms that the information in this application is true to the best of my knowledge. I understand that isrepresentation and/or omission of facts are cause for removal from any advisory board, committee or commission.			
isrepresentation and/or omission of facts are cause for removal from any advisory board, committee or commission	Yes No	ts between this board ar	nd the position you curren
,, , , , , , , , , , , , , , , , , , ,			
ignature: Date:	entation and/or omission of facts are cause for removal from	any advisory board, commi	ittee or commission I may be

Please return this application to the City of Sisters, 520 E. Cascade Avenue, P. O. Box 39, Sisters, OR. 97759 or email to <a href="mailto:recorder@ci.sisters.or.us">recorder@ci.sisters.or.us</a>