



COMMISSION AND COMMITTEE APPLICATION

(Please print legibly or type)

CITY HALL
4222 NE Old Salem Road
Albany, OR 97321
www.cityofmillersburg.org
458-233-6300

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: _____

(Optional)

Employment Information:

Employer's Name: _____

Work Address: _____

Phone: _____

Cellular: _____

E-mail: _____

Fax: _____

(Optional)

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

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

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

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

- What contributions do you hope to make?

Please consult the *Guide for Public Officials* and the *Guide for Public Officials* adopted 2021 that are posted on the State of Oregon's website at <https://www.oregon.gov/ogec/Documents/2021%20PO%20Guide%20Final%20Adopted.pdf>

Signature of Applicant

Date



COMMISSION / COMMITTEE SUPPLEMENTAL FORM

Your Name _____

Commission / Committee Name _____

Sometimes, the City receives requests for contact information for members serving on City 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 ☐ Yes ☐ No ☐ Not Applicable

Home Telephone Number ☐ Yes ☐ No ☐ Not Applicable

Home Fax Number ☐ Yes ☐ No ☐ Not Applicable

Personal Cell Number ☐ Yes ☐ No ☐ Not Applicable

Home E-mail Address ☐ Yes ☐ No ☐ Not Applicable

Work Address ☐ Yes ☐ No ☐ Not Applicable

Work Telephone Number ☐ Yes ☐ No ☐ Not Applicable

Work Fax Number Work ☐ Yes ☐ No ☐ Not Applicable

Cell Number ☐ Yes ☐ No ☐ Not Applicable

Work E-mail Address ☐ Yes ☐ No ☐ 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 City Recorder, 4222 NE Old Salem Road, Albany, OR 97321; then the City will forward it to you; or
- leave a phone message or e-mail message with the City Recorder who will then give the message to you.

Signature _____

Date _____