



1. Committee Applying For: \_\_\_\_\_

2. Name: \_\_\_\_\_  
(Last) (First) (Middle) (I go by ...)

Address: \_\_\_\_\_  
Street, P. O. Box City State Zip Code

3. Telephone No.: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

4. Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

5. Do you reside within the city limits of Sisters? Yes \_\_\_\_\_ No \_\_\_\_\_

6. Statement indicating reason you would like to serve on this voluntary Advisory Committee:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

8. Other volunteer, committee, board, commission experience:

From _____(Mo/Yr)	Organization _____
To _____(Mo/Yr)	Address _____
Type of Organization _____	Telephone No. _____
Role: _____	
If you are still serving in this capacity, do you foresee any conflicts between this committee and the position you currently hold? ___Yes ___No	



From \_\_\_\_ (Mo/Yr) Organization \_\_\_\_\_  
 To \_\_\_\_ (Mo/Yr) Address \_\_\_\_\_  
 Type of Organization \_\_\_\_\_ Telephone No. \_\_\_\_\_  
 Role: \_\_\_\_\_  
 If you are still serving in this capacity, do you foresee any conflicts between this committee and the position you currently hold? \_\_\_ Yes \_\_\_ No

From \_\_\_\_ (Mo/Yr) Organization \_\_\_\_\_  
 To \_\_\_\_ (Mo/Yr) Address \_\_\_\_\_  
 Type of Organization \_\_\_\_\_ Telephone No. \_\_\_\_\_  
 Role: \_\_\_\_\_  
 If you are still serving in this capacity, do you foresee any conflicts between this committee and the position you currently hold? \_\_\_ Yes \_\_\_ No

9. How did you hear about this position? \_\_\_\_\_

10. Would you be interested in serving on advisory committee in the future? \_\_\_\_\_

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 committee, board or commission I may be appointed to. All information/documentation related to service on this committee is subject to public record disclosure.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Please return this application to the City of Sisters, 520 E. Cascade Avenue, P. O. Box 39, Sisters, OR. 97759. For more information, please call the City Manager’s office, (541) 549-6022 Ext. 1