

# 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.  
For more information, please email [kprosser@ci.sisters.or.us](mailto:kprosser@ci.sisters.or.us) or call (541) 323-5213.