

# City Council 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)



## Applicant Information

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

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

Telephone Number: \_\_\_\_\_  
*Home phone* *Work phone*

E-mail Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

## City Council Questionnaire

1. Have you resided within the City of Sisters city limits for the preceding 12 months?  Yes  No

2. Are you 18 years of age or older and a registered voter?  Yes  No

3. Statement indicating reason you would like to serve on City Council:

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4. Special skills, interests, and hobbies that you believe would bring special value to your ability to serve as a City Councilor:

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

6. Would you be interested in serving on advisory board in the future? \_\_\_\_\_

## 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 serving as a City Councilor 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 serving as a City Councilor 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 serving as a City Councilor and the position you currently hold?  Yes  No

## References

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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 the City Council I may be appointed to. All information/documentation related to service on the City Council 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 call the City Recorder, (541) 323-5213.