

710 NW Wall St.
P.O. Box 431
Bend, OR 97709
(541) 388-5505
Fax: (541) 385-6676

CITY OF BEND ADVISORY COMMITTEE APPLICATION



1. Committee _____
Date available _____

2. Name: _____
(Last) (First) (Middle) (I go by ..)
Address: _____
Street, P.O. Box City State Zip Code

3. Telephone No. _____ Cell: _____ E-mail address: _____

4. Do you reside within the city limits of Bend? ___Yes ___No

5. Statement indicating reason you would like to serve on this voluntary Board, Committee or Commission:

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

7. Current employment:

From _____ (Mo/Yr) Organization _____

Address _____

Type of organization _____ Telephone No. _____

Job Title: _____

Describe activities and achievements: _____

If you are still serving in this capacity, do you foresee any conflicts between this committee and the position you currently hold? ___Yes ___No

8. Previous work experience:

9. Education and Training:

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

From _____ (Mo/Yr) Organization _____
To _____ (Mo/Yr) Address _____
Type of organization _____ Telephone No. _____
Role: _____
Describe activities and achievements: _____

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: _____
Describe activities and achievements: _____

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: _____
Describe activities and achievements: _____

If you are still serving in this capacity, do you foresee any conflicts between this committee and the position you currently hold? Yes No

11. How did you hear about this position?

12. Do you have any neighbors, friends or relatives presently working for the City of Bend?

If yes, please list:

References: _____ / _____
(name/phone or email)

_____ / _____

_____ / _____

Signature

Date

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. I also understand that City policy requires disclosure of actual or potential conflicts of interest by persons appointed by the Mayor and Council to any committee. All information/documentation related to service on this committee is subject to public records disclosure.

**This document will be made available in an alternate format upon request.
Please contact us at 541-388-5505.**