

Volunteer Application for Appointment to a Committee, Board, Commission, Task Force or Council

Personal Information to establish residency:		ncy:	
	Name		
	Home address		
	referred mailing address (if different)		
(City, Oregon Zip cod	e Telephone	
ŀ	E-mail	Fax	
Ар	pplying for student position? OYes ONo	School	
Are	e you under 18? OYes ONo		
	rsonal references - Please list two non-rela m your school:	tive references. If you are a student, one must be a teacher	
,	•		
1.	Name	Phone	
	Address	City/St/Zip	
	Relationship		
2.	Name	Phone	
	Address	City/St/Zip	
	Relationship		
_	ive my permission for the named reference iting. All the information on this applicati	es to be contacted if needed either verbally or in on is true to the best of my knowledge.	
Sig	nature:	Date:	

We welcome your willingness to serve Marion County. Please return this completed form to: Volunteer Services, Human Resources, 555 Court St NE Suite 4250, P.O. Box 14500, Salem, OR 97301 (503) 588-7990, fax (503) 588-5495

Note: Information on this page is considered prequest.	oublic record and may be made available upon
Name:	
City of residence:	
Business information: Occupation/business	
Business address	
,	Business telephone
Business e-mail	Business fax
I would like to be considered for the the	position or (lay or representative designation)
	d, council, task force or commission)
The personal and professional interests that pro	mpted me to apply for this appointment are
Have you served on any other Marion County beforce? (If yes, please list)	poard, commission, committee, council, or task
1.	2.
Please list qualifications and skills you have whic appointed to this position (include relevant skills	
What community or school activities, committee	es or special activities have you participated in?