

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

ΙN	Personal Information to establish ı	residency:
'	Name	
ŀ	Home address	
F	Preferred mailing address (if differ	rent)
	City, Oregon Zip	p code Telephone
E	E-mail	Fax
Apr	olying for student position? OYes	○ No School
Are	you under 18? OYes ONo	
	,	
		on-relative references. If you are a student, one must be a teache
fron	n your school:	
1.	Name	Phone
1.		PhoneCity/St/Zip
1.	Address	
 2. 	AddressRelationship	City/St/Zip
	Address Relationship Name	City/St/Zip

I give my permission for the named references to be contacted if needed either verbally or in writing. All the information on this application is true to the best of my knowledge.

Signature:

Date:

We welcome your willingness to serve Marion County. Please return this completed form to: Cathy Crocker, Volunteer Services Coordinator, Human Resources, 325 13th St NE, P.O. Box 14500, Salem, OR 97301, telephone (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?