

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

	ersonal Information to esta ame	•		
Н	ome address			
Pi	referred mailing address (if	different)		
С	city, Oregon	Zip code	Telephone	
E.	-mail		Fax	
4pp	olying for student position?	9Yes 9No	School	-
4re	you under 18? 9 Yes 9	No		
	sonal references - Please list n your school:	two non-relative re	ferences. If you are a student, one must be a tead	her
۱.	Name		Phone	
۱.			Phone City/St/Zip	
۱.	Address			
	AddressRelationship		City/St/Zip	
	AddressRelationshipName	Pho	City/St/Zip	
	AddressRelationshipName	Pho	City/St/Zip one City/St/Zip	
-	Address Relationship Name Address Relationship re my permission for the name	Pho	City/St/Zip one City/St/Zip	

We welcome your willingness to serve Marion County. Please return this completed form to: Glenis Chapin, Volunteer Services Coordinator, Human Resources, 325 13th St. N.E., P.O. Box 14500, Salem, OR 97309-5036, telephone (503) 588-7990, fax (503) 566-3997.

Note: Information on this payrequest.	ge is considered _l	public record and may be made ava	ilable upon
Name:			
City of residence:			
Business information: Occupation/business			
Business address			
City, Oregon	Zip code	Business telephone	
Business e-mail		Business fax	
I would like to be considered	for the		position on
the		(lay or representative designation)	·
The personal and professional	l interests that pro	ompted me to apply for this appointm	nent are:
(If yes, please list)	3	board, commission, committee, coun	
		ch you believe would be valuable if y ls, activities, training, and education):	
What community or school ac	ctivities, committe	ees or special activities have you part	icipated in?