



CITY OF MADRAS COMMISSION APPLICATION

Thank you for expressing interest in serving on a City of Madras ("City") Commission. Completed and signed applications can be mailed, hand delivered or emailed to the attention of City Recorder at 125 SW "E" Street, Madras, Oregon 97741, madrasinfo@ci.madras.or.us. Applications will be reviewed by the Commission (or its designee) to determine whether an interview is appropriate. If an interview is determined to be appropriate, you will be contacted to set up a date and time.

Print or type the required information. Please answer every applicable question. If additional space is needed, please attach a separate sheet. Because this application may be used for investigative purposes, **DO NOT** misstate or omit any material facts or information. Statements made in this application are subject to verification.

Date of Application: _____

APPLICANT INFORMATION (GENERAL)

Last Name	First Name	Middle Initial
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Address	City	State	Zip
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Telephone No: _____

Home	Cellular
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Email Address: _____

Have you resided within City's incorporated limits during the immediately preceding 12 months: Yes ___ No ___

Length of residency: _____ (years) and _____ (months)

Are you over the age of 18? Yes ___ No ___ Are you a registered voter? Yes _____ No _____

Occupation/Employer: _____

Business/Employer Address: _____

Business/Employer Telephone Number: _____

Business/Employer E-mail Address: _____

EDUCATION

Did you graduate from high school or receive an equivalent diploma: Yes ___ No ___

Name of college(s) or university(ies) attended, if any:

Certificates, degrees, etc. earned:

Have you ever served on a City of Madras Commission, board, or committee? Yes ___ No ___

If yes, please specify:

Please describe your volunteer and/or community involvement:

Why are you interested in serving on this Commission?

Are you available for evening meetings? Yes ___ No ___

Are you available for daytime meetings? Yes ___ No ___

Please initial next to each paragraph and sign where indicated below.

_____ I certify that all information and statements made or provided in connection with this application are true and complete in all respects.

By signing below, I hereby affirm, certify, and agree with the following: (1) I have read and understand this application and agree with its contents; and (2) this application is a public record subject to inspection in accordance with Oregon law.

Applicant Signature

Date