

APPLICATION

City of Phoenix
P O Box 330
Phoenix, OR 97535
541-535-1955

Please complete the following: _____

1. NAME: _____

2. MAILING
ADDRESS: _____, CITY _____, STATE: _____ ZIP: _____

3. RESIDENCE
ADDRESS: _____, CITY: _____, STATE: _____ ZIP: _____

4. CURRENT
OCCUPATION: _____
(Note: If retired or unemployed, state your general or past profession.)

5. PHONE NUMBER: HOME: _____ OTHER _____

6. EMAIL ADDRESS: _____

7. HOW LONG HAVE YOU LIVED IN PHOENIX (or general area)? _____

8. HOW LONG HAVE YOU LIVED IN JACKSON COUNTY? _____

9. ARE YOU AN EMPLOYEE OF THE CITY OF PHOENIX? AN OCCASIONAL OR POTENTIAL CONTRACT EMPLOYEE, OR HAVE ANY OTHER REAL OR POTENTIAL CONFLICT OF INTEREST IN WORKING OR SERVING IN THIS VOLUNTARY CAPACITY? YES NO

IF YES, PLEASE DESCRIBE:

10. I AM APPLYING FOR AN APPOINTMENT TO A POSITION ON THE FOLLOWING COMMISSION, COMMITTEE, BOARD, OR OTHER VOLUNTARY BODY:

11. APPLICANT'S
SIGNATURE: _____ DATE: _____