

COMMITTEE, BOARD OR COMMISSION APPLICATION  
CLATSOP COUNTY

Date: \_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_

Street Address: \_\_\_\_\_ Email: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Other Telephone: \_\_\_\_\_  
( work  cell phone)

Current Occupation: \_\_\_\_\_

Years Resident of County: \_\_\_\_\_

Do you live within the city limits:  Yes  No

In which Commission District do you reside:  1  2  3  4  5

Prior Criminal Convictions (omit minor traffic violations):  Yes  No

If Yes, Explain: \_\_\_\_\_  
(Attach additional pages if needed)

Committee, Board of Commission Applied for:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Background (Relevant education, training, experience, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

