

Baker County Board/Commission Volunteer Form

Name of Board/Commission: _____

Name of Applicant: _____

Address: _____

Home Phone: _____ Work Phone: _____

Employer/Occupation: _____

Resident of County: _____ Yes _____ No Email: _____

Please make comments on the following questions:

- 1) Why do you wish to be appointed to this Board/Commission?

- 2) Describe any special experience, training, knowledge or abilities you have that are related to this Board/Commission or that would help you with the work of this Board/Commission.

- 3) Do you engage in business that is in any way related to the duties of this Board/Commission? Are there any potential conflicts of interest of which you are aware? ___ Yes ___ No

- 4) Are there any days or times you cannot attend meetings on a regular basis?

- 5) Is there any information about yourself that you would like to offer to aid in the appointment process?

Signature

Date

If you have further information you would like to include, please attach to this questionnaire. If you have any questions, please call Heidi Martin, Baker County Board of Commissioners, at (541)523-8200.

Mail, fax or bring in the completed questionnaire by the deadline posted for this position to the Baker County Board of Commissioners, 1995 3rd Street, Baker City, OR 97814; Phone (541)523-8200; Fax (541-523-8201).

Thank you for your interest in and commitment to Baker County