Lane County CITIZEN ADVISORY COMMITTEE **APPLICATION**

	無	APPLICANT'S NAME AND CITY:	DATE:			
	LANE COUNTY OREGON	NAME OF ADVISORY COMMITTEE:	PLEASE CHECK ONE: New Applicant Application for Reappointment			
1.	Give a brief description of the experience or training that qualifies you for membership on this advisory committee (If you wish, you may attach a resume or other pertinent material.)					
2.	Why do you want to become a member of this committee, and what specific contributions do you hope to make?					
3.	List the commun	nity concerns related to this committee that you would	like to see addressed if you are appointed.			
4.	Briefly describe your present or past involvement in relevant community groups. (Having no previous involvement will not disqualify you for appointment.)					
5.	any person on	committed to reflecting diverse cultures on its board the basis of gender, race, color, national origin, re ment, or participation in its programs, services, and a	ligion, disability, or age in employment or ir			
6.	Are you current	ly serving on any Advisory Boards or Committees? If	So, which ones?			
7.	contractual agresseeking appoint days.)	yed by, have any business, contractual arrangements elements with the County or that might be within the ment? (If there is a change in your circumstances, ple No Yes Specify:	e purview of the committee on which you are			
8.	How did you lea	arn about this vacancy? Newspaper Word of r	mouth Other:			
9.	Unsure *The Board a. M lengths are	y Commissioner District do you reside? please check of West Lane County Springfield South Euger of Commissioners has adopted the following policy of Tembers of County advisory groups will serve a maximathree or more years in length. e deadline for incumbent applications will be the same	ne North Eugene East Lane County n reappointments: num of two consecutive terms when term			

* *Unless waived by the Board.*

Lane County CITIZEN ADVISORY COMMITTEE ADDITO ATION

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LANE COUNTY OREGON					
Н	Home Phone:				

	AFFLICATION					
	Please Print					
	Name:					
LANE	(Last)	(First)				
COUNTY OREGON	Address: (Street)	(City)	(Zip)			
Home Phone: _		How Long Have You Lived in Lane County?	YearsMonths			
Occupation:		Place of Employment:				
Business Address	3:	Business Phone:				
E-Mail Address:		Fax:				
NOTE: Information in this box consisting of home addresses and phone numbers may be exempt from disclosure per ORS 192.502(3).						
Lane County is required under state and federal guidelines to identify applicants by ethnicity, race, gender and age. Supplying this information will also assist Lane County in evaluating its Diversity Implementation Plan to achieve more diversity on its advisory committees. Providing this information will not adversely affect your opportunity to serve on this committee or board and this information is processed separately from the application. Completion of this section is entirely voluntary and remains confidential. Male Female Asian American Native American Hispanic/Chicano/Latino Other: Disability: *Type: *This information is used to ensure there is reasonable accommodation and representation on advisory boards. Is your age over 40? Yes No						
Lane disab activit	lity, or age in employment or in a	ainst any person on the basis of race, color, national ori admission, treatment, or participation in its programs, se	gin, gender, ervices, and			
Signature of Appli	cant	Date:				
Eveant as	noted above all information pro-	avided as part of this application is a public record subje	net to disaloguna			

Except as noted above, all information provided as part of this application is a public record subject to disclosure.

Please Return to: **Lane County Administration**

Public Service Building 125 East 8th Avenue Eugene, OR 97401

NOTE: If you are not selected at this time, your application will be kept on file for 12 months from the date it was received and will be reconsidered as vacancies occur.