

City of Central Point, Oregon  
140 S 3rd Street, Central Point, OR 97502  
541.664.3321 Fax 541.664.6384  
[www.centralpointoregon.gov](http://www.centralpointoregon.gov)



Administration Department  
Chris Clayton, City Manager  
Rachel Neuenschwander, City Recorder  
Elizabeth Simas, Human Resource Director

## APPLICATION FOR APPOINTMENT TO CITY OF CENTRAL POINT COMMITTEE

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

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Are you a registered voter with the State of Oregon? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you a city resident? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, How long: \_\_\_\_\_

Which committee(s) would you like to be appointed to: *(Please make sure the dates below work with your schedule before applying. Council and Planning Commission members are required to file an Annual Statement of Economic Interest to the State of Oregon.)*

### Meeting Dates (All meeting dates are subject to change or additions, times vary for each committee):

- ☐ Budget Committee: Meetings vary in April Bi-Annually
- ☐ Citizens Advisory Committee: 2<sup>nd</sup> Tuesday of quarterly
- ☐ Planning Commission: 1<sup>st</sup> Tuesday of each month
- ☐ Parks and Recreation Committee/Foundation: Meeting dates vary

Employment, professional, and volunteer background:

Community affiliations and activities:

Previous City appointments, offices, or activities:

To provide additional background for the Mayor and City Council, please answer the following questions.

1. Please explain why you are interested in the appointment and what you would offer to the community.
  
  
  
  
  
  
  
  
  
  
2. Please describe what you believe are the major concerns of the City residents and businesses that this committee should be concerned about.
  
  
  
  
  
  
  
  
  
  
3. Please provide any additional information or comments which you believe will assist the City Council in considering your application.
  
  
  
  
  
  
  
  
  
  
4. Do you anticipate that any conflicts of interest will arise if you are appointed; and if so, how would you handle them?

***Please feel free to use additional sheet if you have more information to help the Council make a final decision.***

My signature affirms that the information in this application is true to the best of my knowledge. I understand that misrepresentation and/or omission of facts are cause for removal from any council, advisory committee, board or commission I may be appointed to. All information/documentation related to service for this position is subject to public record disclosure.

Signature: \_\_\_\_\_

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