

City of Falls City
299 Mill St • Falls City, Oregon • 97344
Ph. (503) 787-3631 • www.fallscityoregon.gov

| Instructions: Fill out both sides of form and submit to City Hall. | | |
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| Contact Information | | |
| | | |
| Name: | | |
| Street Address: | | |
| Mailing Address: | | |
| City/State/Zip Code: | | |
| Home Phone: | | |
| Work Phone: | | |
| E-Mail Address: | | |
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| Background | | |
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| Years of Residence in Falls City: | | |
| Place of Employment: | | |
| Occupation: | | |
| Educational Background: | | |
| | | |
| Prior Civic Activities: | | |
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| Committees of Interest | | |
| Please check all of the following Committees that interest you: | | |
| r least check an of the following committees that interest you. | | |
| ☐ Budget Review Committee | | |
| ☐ Parks and Recreation Committee | | |
| | | |
| ☐ Public Works Committee | | |
| ☐ Historic Landmark Commission | | |
| ☐ Planning Commission | | |

| Special Skills or Qualification | ıs |
|---|---|
| Summarize any special training are applying. | g, skills or experience you may have pertinent to the Committees to which you |
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| Motivation | |
| Discuss your motivation for se | rving on this Committee. |
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| Special Notice | |
| Please be advised that members Statement of Economic Interes | s of the City Council and Planning Commission are required to file an annual est with the State of Oregon. |
| Agreement and Signature | |
| | affirm that the facts set forth in it are true and complete. I understand that if, I false statements, omissions, or other misrepresentations made by me on this mediate dismissal. |
| Name (printed) | |
| Signature | |
| Date | |

Thank you for completing this application form and for your interest in volunteering with us.