

**CITY OF MILWAUKIE
APPOINTED ADVISORY BOARD APPLICATION**

Name: _____ Date: _____

Street address: _____

Mailing address if different than home address: _____

Business Phone: _____ Home Phone: _____

E-mail address: _____

How long have you been a Milwaukie resident? _____

Are any members of your household currently serving on a City of Milwaukie Advisory Board or Commission? If so, which one. _____

Are you a registered voter in Milwaukie? _____

How did you hear about the position? _____

Occupation: _____ Employer: _____

Employer's Address: _____ Phone: _____

Please list any prior civic or professional activities. _____

Why have you applied for this position? _____

What special training, skills, or experience have you had that would be pertinent to this application?

Board(s) or Commission(s) in which you are interested. _____

Please complete this form fully so City Council can evaluate your application. Thank you for the extra time and effort. Please return to City Manager's Office, 10722 SE Main Street, Milwaukie, OR 97222, or fax to 503-652-4433. If you need additional information, please call 503-786-7573.

Received by City _____

Interviewed _____

Commission _____

Information Sent _____

Appointed _____

Term Expires _____