

CITY OF PENDLETON
COMMISSION/COMMITTEE APPLICATION FORM

DATE: _____

Name: _____

Address: _____

Resident of City of Pendleton: Yes _____ No _____

Phone Number: Work _____ Home _____

Email address: _____

If you are employed, where are you employed _____

What commission(s) or committee(s) are of interest to you?

- | | |
|-------------------------------------|---------------------------------------|
| _____ Airport Commission | _____ Transient Room Tax Review |
| _____ Budget Committee | _____ Air Quality Committee |
| _____ Capital Improvements Program | _____ Arts Committee |
| _____ Parks & Recreation Commission | _____ Downtown Plan Implementation |
| _____ Pendleton Convention Center | _____ Transportation Committee |
| _____ Pendleton Library Board | _____ Historical Landmarks Commission |
| _____ Planning Commission | _____ Restore Pendleton Committee |
| _____ Sanitary Regulatory Board | _____ Periodic Review |
| _____ Jumpstart Committee | _____ PDC Advisory Committee |
| _____ Other | |

Why do you want to serve on the Commission or Committee?

What experience or training in your background would prepare you to serve on this commission or committee?

What night(s) of the week could you participate?

_____ Monday _____ Tuesday _____ Wednesday _____ Thursday

Have you previously served on a City Commission? _____ Yes _____ No

SPONSOR: _____