



# City of Mt. Angel

P.O. Box 960 / 5 N. Garfield Street, Mt. Angel, OR 97362  
Phone (503) 845-9291 Fax (503) 845-6261

## APPLICATION FOR APPOINTMENT

**Full Name:** \_\_\_\_\_  
*Last First Middle Initial*

**Physical Address:** \_\_\_\_\_  
*Street Address*

**Mailing Address (if different):** \_\_\_\_\_

**Telephone number:** \_\_\_\_\_  
*Home Work / Other*

**Email address:** \_\_\_\_\_

**Current Occupation:** \_\_\_\_\_

**Occupational Background (include volunteer experience) :** \_\_\_\_\_

**Prior Governmental Experience (elected or appointed):** \_\_\_\_\_

**What skill sets or particular interests do you possess?** \_\_\_\_\_

**Please check the box of which boards you are interested in serving:**

<b>Planning Commission</b> (2-year term)	<b>Design Review Board</b> (2-year term)	<b>Library Board</b> (4-year term)	<b>Budget Committee</b> (3-year term)	<b>Park Tree Board</b> (4-year term) (2-year student term)
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*(You may choose more than one; however, you may only serve on one board per term.)*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*This application will be held for consideration for one year.  
The City of Mt. Angel is an Equal Opportunity Employer and Provider.*