

**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 Recorder's Office, 10722 SE Main Street, Milwaukie, OR 97222, or fax to 653-2444. If you need additional information, please call 786-7502.

Received by City \_\_\_\_\_

Interviewed \_\_\_\_\_

Commission \_\_\_\_\_

Information Sent \_\_\_\_\_

Appointed \_\_\_\_\_

Term Expires \_\_\_\_\_