



CITY OF CANNON BEACH

APPLICATION FOR CITY COMMITTEE, BOARD, OR COMMISSION

Applicant Name: _____ Mailing Address: _____ Telephone (Home): _____ Alt. Telephone: _____ Email Address: _____	<u>Type of Application:</u> <input type="checkbox"/> New <input type="checkbox"/> Renewal
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Which Committee, Board, or Commission would you like to serve upon (see full qualifications required for each Committee on reverse)? Submit completed application questionnaire with this application.

<input type="checkbox"/> Budget Committee Must provide copy of voter registration card with application	<input type="checkbox"/> Parks & Community Services Committee
<input type="checkbox"/> Design Review Board	<input type="checkbox"/> Planning Commission
<input type="checkbox"/> Farmers Market Committee	<input type="checkbox"/> Public Works
<input type="checkbox"/> Tourism and Arts Commission (TAC) See specific requirements in Municipal Code Chapter 2.32.040 D	

Please indicate which committee(s) you are already a member of: _____

If you are applying for more than one committee, are you willing to serve on both? If not, indicate your order of preference for service:

Applicants must have resided within the city or its urban growth boundary during the one year immediately preceding appointment; or at the time of appointment, shall have owned real property located within the city or its urban growth boundary for at least one year immediately preceding appointment. **Note:** Tourism and Arts Commission applicants are not required to reside in Cannon Beach and are eligible if he or she has worked, at least part-time, within the City of Cannon Beach for at least one year immediately preceding appointment. Do you meet this criterion?

Why are you interested in this position? Please use extra sheets as necessary.

What knowledge, skills or experience can you bring to this position? Please use extra sheets as necessary.

What is your current occupation?

Applicant Signature: _____ Date: _____



CITY OF CANNON BEACH

INTERVIEW QUESTIONS FOR BUDGET, FARMERS MARKET, PARKS & COMMUNITY SERVICES OR PUBLIC WORKS COMMITTEE

Applicant Name: _____ Mailing Address: _____ Telephone (Home): _____ Alt. Telephone: _____ Email Address: _____	<u>Type of Application:</u> <input type="checkbox"/> Budget Committee <input type="checkbox"/> Farmers Market Comm. <input type="checkbox"/> Parks/Com Services <input type="checkbox"/> Public Works
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Please answer the questions below and return with your application. Use extra pages as necessary.

1. Have you attended any meetings of this committee?
2. Have you read the ordinance defining this committee to understand its purpose and duties?
3. Are you willing to learn and follow the Oregon ethics rules, including those regarding conflict of interest? <https://www.oregon.gov/ogec/Pages/Guide-for-Public-Officials.aspx> for details.
4. Will you be able to regularly attend the meetings and possible work sessions?
5. What is it about this committee that attracts you?
6. What would you like to accomplish by being a member of this committee?

Applicant Signature: _____ Date: _____