

ADVISORY COMMITTEE APPLICATION FOR BOARD APPOINTMENT

<p style="text-align: center;">It is the applicant's responsibility to keep the information on this form current. To advise the County of any changes please contact the Advisory Board Coordinator by telephone at 474-5221 or by e-mail at bcc@co.josephine.or.us</p> <p style="text-align: center;">Applications will be discarded if no appointment is made after two years.</p>		
Name: _____		Date: _____
Home Phone: _____	Work Phone: _____	Email: _____
Occupation: _____	Employer: _____	
<p>Please check box for preferred mailing address.</p> <p><input type="checkbox"/> Work Address:</p> <p style="padding-left: 20px;">City/State/Zip: _____</p>		
<p><input type="checkbox"/> Home Address</p> <p style="padding-left: 20px;">City/State/Zip: _____</p>		
<p>Do you live in Josephine County? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, do you live within the City limits? <input type="checkbox"/> Yes <input type="checkbox"/> No City _____</p> <p>Do you own property in Josephine County? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is it located within the City limits? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>For how many years have you lived and/or owned property in Josephine County? _____ years</p>		
<p>Are you interested in serving on any specific Committee(s)? If yes, please indicate your preference</p> <p>1st Choice: _____ 2nd Choice: _____</p>		
<p>Why would you like to serve on this Board?</p> <p>_____</p>		
<p>If not interested in any specific Committee(s), are you interested in a specific subject matter? Please check those areas in which you are interested, or describe other areas not listed:</p> <p>Human Services ____ Housing ____ Health Care ____ Library Services ____ Tourism ____ Transportation ____ Bicycle/Pedestrian ____ Planning ____ Public Safety ____ Other Areas _____</p>		
<p>Have you served on any Josephine County committees previously? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, on which have you served? _____</p>		
<p>How many hours per month would you be willing to commit for Committee work? <input type="checkbox"/> 1 <input type="checkbox"/> 2 to 3 <input type="checkbox"/> 4 or more</p> <p>Which days of the week are you available? <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday</p> <p>What time of day would be best for you to attend Committee meetings? <input type="checkbox"/> Day <input type="checkbox"/> Night</p>		
<p>(OPTIONAL) Josephine County strives to meet its goals, and those contained in various federal and state laws, of maintaining a membership in its Advisory Committees that reflects the diversity of the community. Although strictly optional for Applicant, the following information is needed to meet reporting requirements and attain those goals.</p> <p>Race: <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other</p> <p>Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Age: _____ Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p>Persons needing a special accommodation to participate in an Advisory Committee should contact the Advisory Board Coordinator by telephone at 474-5221 or e-mail at bcc@co.josephine.or.us</p>		

In the space below briefly describe or list the following: any previous experience on other Committees; your educational background; your skills and experience you could contribute to a Committee; any of your professional licenses and/or designations and indicate how long you have held them and whether they are effective in Josephine County; any charitable or community activities in which you participate; and reasons for your choice of the Committee indicated on this Application. Please attach your resume, if one is available.

References (you must provide at least one personal reference who is not a family member):

Name: _____ Telephone: _____

Address: _____

Name: _____ Telephone: _____

Address: _____

IMPORTANT LEGAL REQUIREMENTS FOR ADVISORY COMMITTEE MEMBERSHIP

AS A MEMBER OF AN ADVISORY COMMITTEE, YOU WILL BE OBLIGATED TO FOLLOW ANY APPLICABLE LAWS REGARDING GOVERNMENT-IN-THE-SUNSHINE, CODE OF ETHICS FOR PUBLIC OFFICERS, AND PUBLIC RECORDS DISCLOSURE. THE CONSEQUENCES OF VIOLATING THESE APPLICABLE LAWS INCLUDE CRIMINAL PENALTIES, CIVIL FINES, AND THE VOIDING OF ANY COMMITTEE ACTION AND OF ANY SUBSEQUENT ACTION BY THE BOARD OF COUNTY COMMISSIONERS.

Will you be receiving any compensation that is expected to influence your vote, action, or participation on a Committee?

Yes No If yes, from whom? _____

Do you anticipate that you would be a stakeholder ** with regard to your participation on a Committee? Yes No

**Stakeholder - a person, group, organization, or system who affects or can be affected by an organization's actions

Do you know of any circumstances that would result in you having to abstain from voting on a Committee due to voting conflicts?

Yes No If yes, please explain _____

Do you or your employer, or your wife or child, or their employers, do business with Josephine County? Yes No

If yes, please explain in what capacity _____

Do you have any employment or contractual relationship with Josephine County that would create a continuing or frequently recurring conflict with regard to your participation on a Committee? Yes No

If yes, please explain _____

All statements and information provided in this application are true to the best of my knowledge.

Signature: _____

Please return Application to

Advisory Board Coordinator
Josephine County Board of County Commissioners
500 NW 6th Street Dept. 6
Grants Pass, OR 97526