

VOLUNTEER APPLICATION

POSITION DESIRED: _____

NAME: _____

PHYSICAL ADDRESS: _____

MAILING ADDRESS: _____

HOME PH: _____ WORK PH: _____ E-MAIL _____

COMMISSIONER DISTRICT OF RESIDENCE: _____

NAME OF EMPLOYER: _____ # OF YRS: _____

OCCUPATION: _____

LIST 3 PREVIOUS EMPLOYERS AND OCCUPATIONS:

EDUCATION

HIGH SCHOOL: _____ GRADUATED: _____

COLLEGE/UNIVERSITY: _____ DEGREE: _____

OTHER EDUCATION: _____

COMMUNITY INVOLVEMENT

LIST GOVERNMENT COMMITTEES, COMMISSIONS OR BOARDS ON WHICH YOU HAVE SERVED:

LIST CIVIC OR SERVICE ORGANIZATIONS ON WHICH YOU HAVE SERVED:

BRIEFLY DESCRIBE WHY YOU ARE INTERESTED IN THIS APPOINTMENT:

PLANNING COMMISSIONER APPLICANTS ONLY:

ARE YOU FAMILIAR WITH HOOD RIVER COUNTY'S COMPREHENSIVE PLAN AND OREGON'S LAND USE LAWS?: _____

RETURN APPLICATION TO: HOOD RIVER COUNTY, ADMINISTRATION OFFICE
601 STATE STREET, HOOD RIVER, OR 97031 (phone 386-3970)