


# 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 541-474-5221 or by e-mail at <a href="mailto:rperrin@co.josephine.or.us">rperrin@co.josephine.or.us</a></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:	
<b>Please check box for preferred mailing address.</b>		
<input type="checkbox"/> Work Address:		
City/State/Zip: _____		
<input type="checkbox"/> Home Address		
City/State/Zip: _____		
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 _____ 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 For how many years have you lived and/or owned property in Josephine County? _____ years		
Are you interested in serving on any specific Committee(s)? If yes, please indicate your preference 1st Choice: _____ 2nd Choice: _____		
Why would you like to serve on this Board?   		
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: Human Services _____ Housing _____ Health Care _____ Library Services _____ Tourism _____ Transportation _____ Bicycle/Pedestrian _____ Planning _____ Public Safety _____ Other Areas _____		
Have you served on any Josephine County committees previously? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, on which have you served? _____		
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 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 What time of day would be best for you to attend Committee meetings? <input type="checkbox"/> Day <input type="checkbox"/> Night		

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 spouse 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 6<sup>th</sup> Street, Dept. 6, Room 154  
Grants Pass, OR 97526