



**CITY OF CANBY
COMMITTEE, BOARD, &
COUNCIL APPOINTMENT APPLICATION**

Date: _____ Position Applying For: _____

Name: _____ Occupation: _____

Home Address: _____

Employer: _____ Position: _____

Daytime Phone: _____ Evening Phone: _____

E-Mail Address: _____

What are your community interests (committees, organizations, special activities)? _____

What are your major interests or concerns in the City's programs? _____

Reason for your interest in this position: _____

Experience and educational background: _____

List any other City or County positions on which you serve or have served: _____

Referred by (if applicable): _____

Please return to:

***City of Canby - Attn: Deputy City Recorder
PO Box 930, 222 NE 2nd Avenue, Canby, OR 97013
Phone: 503.266.0720 Fax: 503.266.7961 Email: benhamm@canbyoregon.gov***

Note: Information on this form may be available to anyone upon a Public Records Request and may be viewable on the City's web page.

14/2043

Date Received: _____ Date Appointed: _____ Term Expires: _____

Date Resigned: _____ Destruction Date: _____