

City of Creswell
Application for Commission or Committee Appointment

Name of Commission or Committee _____

Your Name _____

Home Address _____

Do you reside within the Creswell City Limits? ____ Yes ____ No

Home Telephone Number _____ Work Telephone Number _____

Cell Phone Number _____ Email address _____

Occupation _____ Place of Employment _____

Why do you want to become a member of this commission or committee?

What experience, training, and/or qualifications do you have for this particular commission or committee appointment?

What specific contribution do you hope to make to the commission or committee?

Briefly describe your involvement in relevant community groups and activities?

Signature of Applicant _____ Date _____

Information submitted on this application is public information. The information provided herein is true and complete. A false or misleading statement may be cause for elimination from consideration.