

LA PINE CITY COUNCILOR APPLICATION

Applicant's Full Name _____

La Pine, OR 97739

Street Address _____

La Pine, OR 97739

Mailing Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email Address _____

Current Occupation	Present Employer	
<u>Occupational/Educational Background</u>	<u>Degrees</u>	<u>Years in this Field</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

On a separate sheet(s), please type or print legibly answers to the following questions:

1. Why do you want to be a City Councilor?
2. What talents, skills, or abilities would you bring to the City Council?
3. What are your expectations for the City?
4. Are you willing to serve on subcommittees and/or represent the City in regional or community meetings?
5. How much time can you devote to this position on a monthly basis? _____ hours

I am a resident of the City of La Pine. To the best of my knowledge, the information contained in this application is true and accurate.

Date: _____ **Signature:** _____