

**CITY of LA GRANDE**  
**Application for Boards, Commissions and Committees**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
\_\_\_\_\_ Work Phone: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_ Occupation: \_\_\_\_\_  
\_\_\_\_\_

Board, Commission, or Committee you are applying for:

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> Air Quality      | <input type="checkbox"/> Community Landscape and Forestry | <input type="checkbox"/> Parking, Traffic Safety, Street Maintenance   | <input type="checkbox"/> Union County Tourism |
| <input type="checkbox"/> Arts             | <input type="checkbox"/> Landmarks                        | <input type="checkbox"/> Planning*                                     | <input type="checkbox"/> Urban Renewal        |
| <input type="checkbox"/> Budget           | <input type="checkbox"/> Library                          | <input type="checkbox"/> Substance Abuse                               | <input type="checkbox"/> _____                |
| <input type="checkbox"/> Building Appeals | <input type="checkbox"/> Parks and Recreation             | <input type="checkbox"/> Union County Economic Development Corporation |   |

Have you previously served on any of the above Commissions or other special committees?  Yes  No

If yes, what and when? \_\_\_\_\_

Are you currently an employee of the City of La Grande?  Yes  No

Why do you want to serve? (If necessary, please attach no more than one additional typewritten page) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any special qualifications you may have: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE RETURN YOUR COMPLETED APPLICATION TO: Sandy Lund, City Recorder; 1000 Adams Avenue/P. O. Box 670; FAX (541) 963-3333

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Pursuant to City of La Grande Ordinance, applicants for Boards, Commissions, and Committees may be subject to a background investigation. Please complete the following Release for Background Check. This information is for office use only and not subject to public disclosure.

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
\_\_\_\_\_ Work Phone: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Commission Applied For: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Signature \_\_\_\_\_

\*Members of the Planning Commission are required to complete an annual Statement of Economic Interest, as well as Quarterly Disclosure reports, to be submitted to the Oregon Government Ethics Commission, prior to April 15, of each year.  
SANDY/MY DOCUMENTS/COMMISSIONS FOLDER/APPLICATION FOLDER/FORM 12-16-08