Lane County CITIZEN ADVISORY COMMITTEE **APPLICATION**

78	深	APPLICANT'S NAME AND CITY:	DATE:
	LANE COUNTY OREGON	NAME OF ADVISORY COMMITTEE:	PLEASE CHECK ONE: New Applicant Application for Reappointment
1.		cription of the experience or training that qualifies years attach a resume or other pertinent material.)	ou for membership on this advisory committee (If
2.	Why do you wa	nt to become a member of this committee, and what	specific contributions do you hope to make?
3.	List the commun	nity concerns related to this committee that you woul	d like to see addressed if you are appointed.
4.		your present or past involvement in relevant commity you for appointment.)	munity groups. (Having no previous involvement
5.	any person on economic status	committed to reflecting diverse cultures on its boar the basis of race, color, national origin, age, disa , sexual orientation, gender identity or expressions, va., treatment, or participation in its programs, services effort?	ability, sex, religion, language, ethnicity, socio- veteran's status, or political beliefs in employment
6.	Are you current	ly serving on any Advisory Boards or Committees?	If so, which ones?
7.	contractual agreeseeking appoint days.)	yed by, have any business, contractual arrangement elements with the County or that might be within the ment? (If there is a change in your circumstances, polynomial of the county of t	he purview of the committee on which you are
8.	How did you lea	arn about this vacancy? Newspaper Word of	mouth Other:
9.	Unsure U	y Commissioner District do you reside? please check West Lane County Springfield South Eug	ene North Eugene East Lane County

The Board of Commissioners has adopted the following policy on reappointments:

- Members of County advisory groups will serve a maximum of two consecutive terms when term lengths are three or more years in length.
 - The deadline for incumbent applications will be the same as the deadline for new applications.
- * Unless waived by the Board.

Lane County CITIZEN ADVISORY COMMITTEE

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LANE COUNTY OREGON

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Please Prin	t		
Name:			_
IANE	st) (First)		
OREGON Address: _	(Street) (Ci	ity) (Zip)	_
Home Phone:		n Lane County? YearsMont	hs
	-	•	
Occupation:	Place of Employment:		
Business Address:	Business Phone:		
E-Mail Address:	Fax:		
NOTE: Information in this box cons	isting of home addresses and phone numbers may be exemp	pt from disclosure per ORS 192.502(3).	
OPTIONAL INFORMATION			
Lane County is required under st information will also assist Lane committees. Providing this infor	cate and federal guidelines to identify applicants by eth County in evaluating its Diversity Implementation Planation will not adversely affect your opportunity to sely from the application. Completion of this section is	an to achieve more diversity on its advis- serve on this committee or board and this	sory s
Please check all boxes that ap Gender: Male Trans-Female Other	ply: Female Gender Non-Conforming	☐ Trans-Male ☐ Non-Binary	
Ethnicity: Hispanic/Chicano/Latino Non-Hispanic/Chicano/La	itino		
Race: Asian American Native Hawaiian/Pacific Is	American Indian/Alaska Native slander	☐ African American☐ White	
☐ Disability: *Type:			
*This information is used to ensure t	there is reasonable accommodation and representation on ad	dvisory boards.	
Is your age over 40? Yes	s 🗌 No		
	scriminate against any person on the basis of race, co o-economic status, sexual orientation, gender identit		
Signature of Applicant		Date:	
Except as noted above, a	all information provided as part of this application is a	a public record subject to disclosure.	

Please Return to:

Lane County Administration Public Service Building 125 East 8th Avenue Eugene, OR 97401

NOTE: If you are not selected at this time, your application will be kept on file for 12 months from the date it was received and will be reconsidered as vacancies occur