



City of
Damascus

19920 SE Highway 212
Damascus, OR 97089

www.ci.damascus.or.us

Phone: 503-658-8545
Fax: 503-658-5786

APPLICATION FOR APPOINTMENT TO CITY ADVISORY COMMITTEE

COMMITTEE APPLIED FOR: _____

Name: _____

Address: _____

Home Phone: _____ Business Phone: _____

Fax: _____ E-mail: _____

Are you qualified to vote in state elections? Yes _____ No _____

City resident for _____ years, _____ months

Please share information regarding your:

1. Employment, professional, and volunteer background:

2. Community affiliations and activities:

3. Previous city appointments, offices, or activities:

4. Interest in the appointment and what you would offer to the city and the community, if appointed.

5. Beliefs of what the major concerns' of the city residents and businesses are and how your participation on the committee could address those concerns.

6. Ideas on what the City of Damascus could do or accomplish to improve the city and the city government.

7. Additional information or comments which will assist the Damascus City Council to consider your application.

8. How did you hear about this committee opening?

Applicant's Signature: _____ Date: _____