



# City of Milton-Freewater

## Application for Charter Review Committee

Applicant information (Please type/print clearly):

Name: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Preferred method of contact: Mail: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Please briefly explain your interest and qualifications for serving on the above-mentioned committee in the spaces below. You may attach more pages if additional space is needed.

1. Describe your long-range interest in the community:

2. What special contribution do you feel you can make to the committee you are applying for?

3. Please give a brief description of your experiences or training that you feel qualifies you for this particular position.

4. List current involvement in other community groups and/or activities.

**VOLUNTEER POSITION:**

I understand this is a volunteer position and I will receive no pay in association with my service on this committee. If selected, I am available to meet on the committee's designated date and time.

**RESIDENCY:**

I, \_\_\_\_\_, certify that I currently reside within the corporate limits of the City of Milton-Freewater and am an eligible elector as defined in ORS 246.012(5). I further acknowledge that should either my residency or my eligibility as an elector change, I will notify the City of Milton-Freewater immediately.

**CRIMINAL HISTORY BACKGROUND CHECK:**

Per City Code 8-14-4 a Criminal History Check (CHC) may be performed as part of the City of Milton-Freewater appointment process for City Boards, Committees, and Commissions. I acknowledge that a refusal to allow the CHC to be performed, when required, will cause my application to no longer be considered.

**PUBLIC DISCLOSURE:**

The City sometimes receives requests for contact information for members serving on City boards, commissions, and committees. As an appointed public volunteer serving the City of Milton-Freewater, the information provided on this application is considered public record.

My signature acknowledges that the information I have provided on the application is true and complete to the best of my knowledge and I understand that a CHC may be performed, when required, and that the information provided on this application is considered public record.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date of Signature