

City of St. Helens

Application for Appointment to City Boards, Committees or Commissions

PLEASE PRINT

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

Home Address: \_\_\_\_\_

City, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

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

City, Zip: \_\_\_\_\_

Do you live within the city limits of St. Helens? Yes No If yes, how long? \_\_\_\_ Years \_\_\_\_ Months

Civic Activities (offices held, honors, etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List names, addresses and phone numbers of three references not related to you:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Briefly summarize educational background: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Present Employer Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Present Employer Address: \_\_\_\_\_

Title of Position Held: \_\_\_\_\_

Additional information you wish to include: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby certify that the information provided above is true and accurate to the best of my knowledge. If appointed, I agree to not participate in any proceeding or action in which there may be a direct or substantial financial interest to myself, my relatives or a business I or my relatives are associated with, including any business with which I am serving on their board or have served in the previous two years; or any business with which I am negotiating for or have an arrangement or understanding concerning prospective partnership or employment. I agree to disclose any actual or potential conflict of interest at the meeting where the action is being taken.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return to: Kathy Payne, City Recorder  
St. Helens City Hall  
P.O. Box 278 / 265 Strand Street  
St. Helens, OR 97051

	I am interested in:	Arts & Cultural Commission Bicycle & Pedestrian Commission Budget Committee
		Library Board Parks Commission Planning Commission