



APPLICATION FOR APPOINTMENT TO CITY COUNCIL

Name: _____ Date: _____

Address: _____

Home Phone: _____ Business Phone: _____

Cell Phone: _____ Email: _____

Are you a registered voter with the State of Oregon? Yes No

Have you been a city resident for at least 12 months? Yes No

Meeting days/times:

- City Council: 1st Tuesday of every month at 6:00 p.m.
- Study Session: 3rd Tuesday of each month at 6:00 p.m.

City Council members are also considered part of the Budget Committee, with meetings held in May.

Will any of these meetings cause a hardship for you to attend? Yes No

Please be advised that members of the City Council are required to file an Annual Verified Statement of Economic Interest with the State of Oregon. A sample reporting form can be provided indicating the type of information that you will be required to disclose if you are appointed.

As additional background for the Mayor and City Council, please provide the following information and answer the attached questions (Attach additional pages as needed):

Employment, Professional, and volunteer background:

Community affiliations and activities:

Previous appointments, offices, or activities:

1. Please explain why you are interested in the appointment and what you, as a City Council member, would offer to the community.

2. Describe what you believe are the major concerns of the City residents and businesses. How do you think these concerns should be met?

3. Please explain what you think the City could do or accomplish to improve the City.

4. Provide any additional information or comments which you believe will assist the Council in considering your application.

5. Council members are encouraged to participate on a variety of committees inside and outside the City. Are there any projects or committees you would be interested in participating on?

6. Do you anticipate any conflicts of interest if you are appointed to the council?

My signature affirms that the information in this application is true to the best of my knowledge. I understand that misrepresentation and/or omission of facts are cause for removal from any council, advisory committee, board or commission I may be appointed to. All information /documentation related to service for this position is subject to public record disclosure.

Signature: _____ Date: _____

*Please return this application to City Recorder by March 1, 2024
to be considered for the vacant City Council position.
420 N. 6TH Avenue, Gold Hill OR 97525 541-855-1525
info@cityofgoldhill.com*