

APPLICATION - Klamath County Commission/Council/Board/Committee:

PRINTED NAME: _____ DATE: _____
ADDRESS: _____ CITY/ZIP: _____
HOME PHONE: _____ WORK/CELL PHONE: _____
EMAIL: _____

Please list any Klamath County advisory commissions, boards, or committees that you currently serve on:
_____.

Klamath County Board of Commissioners reserve the right to limit the number of advisory commissions, boards, or committees that an individual serves on at any one time.

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| _____ AMBULANCE ADVISORY COMMITTEE | _____ PUBLIC SAFETY ADVISORY COMMITTEE |
| _____ ANIMAL CONTROL ADVISORY TASK FORCE | _____ MUSEUM ADVISORY BOARD |
| _____ BUDGET COMMITTEE | _____ NATURAL RESOURCE ADVISORY COUNCIL |
| _____ DEVELOPMENTAL DISABILTY ADV. BOARD | _____ PARK BOARD |
| _____ DUII TASK FORCE | _____ PLANNING COMMISSION |
| _____ BOARD OF PROPERTY TAX APPEALS | _____ *(AFFIDAVIT REQUIRED) |
| _____ ECONOMIC DEVELOPMENT ADV. COM. | _____ ROADS ADVISORY COMMITTEE |
| _____ ENERGY ADVISORY COUNCIL | _____ TOURISM GRANT REVIEW COMMITTEE |
| _____ FAIR BOARD | _____ VECTOR CONTROL BOARD Choose one: |
| _____ FARM USE BOARD OF REVIEW | _____ (Klamath, Poe Valley, Bly, Chiloquin, |
| _____ FOOD POLICY COUNCIL | _____ Bonanza / Langell Valley) |
| _____ GRAZING ADVISORY COMMITTEE | _____ VETERANS ADVISORY COUNCIL |
| _____ KLAMATH BASIN WATER RESOURCE | _____ WEED CONTROL ADVISORY BOARD |
| _____ ADVISORY COMMITTEE | _____ WOLF DEPREDATION ADVISORY COUNCIL |
| _____ KLAMATH HOUSING AUTHORITY | _____ OTHER (please indicate): _____ |
| _____ LIBRARY ADVISORY BOARD | _____ |
| _____ LOCAL ALCOHOL & DRUG PLANNING COMM. | _____ |

Some Boards, Committees or Commissions require membership from certain interest areas such as: medical profession, Hispanic community, mental health field, rancher, etc. Please indicate your interest area or area of expertise, below: _____

Please state your reason for wanting to serve on the specific Board: _____

Background Information:

Have you ever been convicted of a crime (felony or misdemeanor), other than minor traffic violations _____. If, yes, of what crime, when and where were you convicted? _____

I certify that, to the best of my knowledge, the foregoing information is true and accurate.

Signature _____

*Klamath County reserves the right to take all necessary steps to verify the information provided in this application.

Please attach personal resume

Completed Applications must be submitted to:

The Board of County Commissioners
305 Main Street, 2nd Floor
Klamath Falls, OR 97601
Fax: 541-883-5163
Email: bocc@klamathcounty.org