



City of Scio

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ADVISORY COMMITTEE APPLICATION

LIBRARY
COMMITTEE:

PARKS & TREE
COMMITTEE:

BUDGET
COMMITTEE:

Please print or type when filling out this application

Name: _____	Date of Application: _____
Mailing Address: _____	Phone #: _____
Email Address: _____	Fax #: _____
Length of Residence in Scio: _____	Occupation: _____
Education: School(s), Degrees & Specialties: _____	

Why are you interested in this position? _____

What particular strengths would you bring to this position? _____

List your experience in this area and any community affiliations: _____

Recommended By:

References: (1) _____

(2) _____

(PLEASE INCLUDE NAME, ADDRESS, EMAIL ADDRESS AND TELEPHONE NUMBERS)

OFFICE USE ONLY

Type of Appointment:	New or Reappointed	Term Expiration Date: _____
Mayor Recommendation Date: _____		Council Confirmation Date: _____
Mayor Chadd Weaver/Date: _____		Appointment Letter Mail Date: _____