



# City of Scio

PO Box 37  
38957 NW 1<sup>st</sup> Avenue  
Scio, OR 97374

PH: (541)394-3342  
FAX: (541)394-2340  
Website: [ci.scio.or.us](http://ci.scio.or.us)  
[scio@smt-net.com](mailto:scio@smt-net.com)

## 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