## Malheur County Board/Commission/Committee Volunteer Form

Name of Board/Co	mmission/Comn	nittee:					
Name of Applicant	:					<del></del>	
Address:							
Home Phone:			Cell Pho	Cell Phone:			
Email:			Residen	t of County:	☐ Yes	□No	
Employer/Occupat	ion:						
Why do you wish t	o be appointed t	o this Board/Co	mmission/Comn	nittee?			
Describe any spec							
Board/Commission	n/Committee or t	hat would help y	you with the wor	k of this Boar	d/Commis	sion/Committee.	
Do you engage in ☐ Yes ☐ No	business that is	in any way relat	ed to the duties	of this Board	/Commiss	ion/Committee?	
Are there any pote	ntial conflicts of	interest of which	n you are aware	? □ Yes □	l No		
Is there any inform	ation about your	self that you wo	ould like to offer	to aid in the a	ppointmer	nt process?	
-	•	-					
Signature				 Date			
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Please return to:	Malheur Count						

Vale, OR 97918 (541) 473-5124 kross@malheurco.org