



**CITY OF KLAMATH FALLS ADVISORY
BOARDS/COMMITTEE
VOLUNTEER APPLICATION**

NAME: _____
(PLEASE PRINT or TYPE)

HOME ADDRESS: _____

MAILING ADDRESS: _____

TELEPHONE:
(Home) _____ (Work) _____ (Fax) _____

(Email) _____

PLACE OF EMPLOYMENT: _____

OCCUPATION: _____

NEIGHBORHOOD AREA: _____

BEST TIME TO CALL: _____

COMMITTEE(S)/BOARD(S) REQUESTING TO SERVE ON:

- G Budget Committee
- G Downtown Design Review Commission
- G Klamath Falls Intercommunity Hospital Authority
- G Parks, Recreation & Cemeteries Advisory Board
- G Parking District Committee
- G Planning Commission
- G Urban Redevelopment Advisory Board

Briefly describe your reasons for applying for appointment to this position:

Why do you believe you are qualified for appointment to this position:

Date

Signature

Please return form to City Recorder's office at
500 Klamath Avenue
Klamath Falls OR 97601