



**City Recorder's Office**  
 925 S. Main Street  
 Lebanon, OR 97355  
 (541) 258.4905  
[city\\_recorder@lebanonoregon.gov](mailto:city_recorder@lebanonoregon.gov)  
[www.lebanonoregon.gov](http://www.lebanonoregon.gov)

# COMMITTEES / COMMISSION APPLICATION

**Applicant Information (Please type/print clearly):**

Name: Jennifer Moody		Date: 4/7/2026
Home Address: [REDACTED]		
Mailing Address:		
Home Phone: [REDACTED]	Email Address: [REDACTED]	Business Phone:
Occupation: Journalism adviser	Employer: Oregon State University	Emergency Contact Phone: [REDACTED]
Preferred method of contact: <input type="checkbox"/> Mail <input type="checkbox"/> Phone <input type="checkbox"/> Email		
Please mark which one you are interested in serving on:		
<input type="checkbox"/> Ad Hoc Committee _____ <small>(Print the Ad Hoc Committee Name)</small>		<input type="checkbox"/> Non-Election Council Vacancy
<input type="checkbox"/> Budget Committee <small>(Must be Registered Voter)</small>	<input checked="" type="checkbox"/> Library Advisory Committee	<input type="checkbox"/> Parks, Trees & Trails Advisory Committee
<input type="checkbox"/> Planning Commission	<input type="checkbox"/> Senior & Disabled Services Advisory Committee	
Are you applying for reappointment: <input type="checkbox"/> Yes <input type="checkbox"/> No    If so, how long did you serve in this capacity: ____ Year(s) ____ Month(s)		
Describe experience related to position applying for: I've held the position for one term now and feel I can continue.		
List current and/or previous involvement on any government boards/committees/commissions/councils: I serve on my church's vestry and I covered government boards, committees, councils and commissions as a reporter for roughly three decades.		
Explain why you are interested in serving in this capacity (attach additional sheet if needed): I am a frequent user of the library and proud to represent my corner of the city on this board. I am a strong believer in what libraries provide.		

Applicant's Signature: [REDACTED] Date: 4/7/2026

**FOR OFFICE USE ONLY**

DATE RECEIVED: ____/____/____	City Council Appointment Date: ____/____/____
DATE SENT TO:	Applicant Notification Date: ____/____/____
Director: ____/____/____      Mayor: ____/____/____	Term Start Date: ____/____/____
Applicant Appointed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Term End Date: ____/____/____

**Print Form**

**Reset Form**