



**City Recorder's Office**  
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[www.lebanonoregon.gov](http://www.lebanonoregon.gov)

## APPLICATION FOR BOARD / COMMITTEE / COMMISSION

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

Name: <u>Lorelai Fosselman</u>		Date: <u>6/24/25</u>
Home Address: <u>[REDACTED] Lebanon, OR 97355</u>		
Mailing Address: <u>[REDACTED] Lebanon, OR 97355</u>		
Home Phone: <u>[REDACTED]</u>	Email Address: <u>[REDACTED]</u>	Business Phone: _____
Occupation: <u>student</u>	Employer: <u>Willamette University</u>	Emergency Contact Phone: <u>[REDACTED]</u>
Preferred method of contact: <input type="checkbox"/> Mail <input checked="" type="checkbox"/> Phone <input checked="" type="checkbox"/> Email		

Please mark which one you are interested in serving on:

- |  |   |
|--|---|
| <input type="checkbox"/> <i>Ad Hoc Committee</i> _____<br><small>(Print the Ad Hoc Committee Name)</small> | <input type="checkbox"/> <i>Non-Election Council Vacancy</i>                      |
| <input type="checkbox"/> <i>Budget Committee</i><br><small>(Must be Registered Voter)</small>              | <input checked="" type="checkbox"/> <i>Library Advisory Committee</i>             |
| <input type="checkbox"/> <i>Planning Commission</i>  | <input type="checkbox"/> <i>Senior &amp; Disabled Services Advisory Committee</i> |
| <input type="checkbox"/> <i>Parks, Trees &amp; Trails Advisory Committee</i>                               |   |

Are you applying for reappointment:     Yes     No    If so, how long did you serve in this capacity: \_\_\_\_ Year(s) \_\_\_\_ Month(s)

Describe experience related to position applying for:

I have served on the library's Teen Advisory Group for 3 years.

List current and/or previous involvement on any government boards/committees/commissions/councils:

N/A

Explain why you are interested in serving in this capacity (attach additional sheet if needed):

I care deeply about the library and value its service to our community, and I wish to contribute to its mission.

Applicant's Signature: [REDACTED]

Date: 6/24/25

**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