City Recorder's Office
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www.lebanonoregon.gov

COMMITTEES / COMMISSION APPLICATION

Applicant Information (Please type/print clearly):

Name: Cody Sheets-Wack		Date: 4/9/2026
Home Address: [redacted]		
Mailing Address: [redacted]		
Home Phone: [redacted]	Email Address: [redacted]	Business Phone: 530-219-2142
Occupation: Behavior Specialist	Employer: Quality of Life Behavior Services LLC	Emergency Contact Phone: [redacted]

Preferred method of contact: ☐ Mail ☒ Phone ☒ Email

Please mark which one you are interested in serving on:

☐ *Ad Hoc Committee* _____ ☐ *Non-Election Council Vacancy*
(Print the Ad Hoc Committee Name)

☐ *Budget Committee* ☐ *Library Advisory Committee* ☐ *Parks, Trees & Trails Advisory Committee*
(Must be Registered Voter)

☐ *Planning Commission* ☒ *Senior & Disabled Services Advisory Committee*

Are you applying for reappointment: ☐ *Yes* ☐ *No* If so, how long did you serve in this capacity: 2 *Year(s)* 10 *Month(s)*

Describe experience related to position applying for:
I am a behavior specialist that works with adults and seniors who experience disabilities. I have experience in supporting elderly who have dementia diagnosis's. I have done this work for over eight years. I am a current state certified Oregon Intervention's Instructor (OIS). OIS is a trauma and disabilities awareness workshop where participants learn strategies of support to better care-give for elderly/disabled populations.

List current and/or previous involvement on any government boards/committees/commissions/councils:
I have been a current member of the board for almost three years. I am re-applying for my position. I served on educational committees in California in the past.

Explain why you are interested in serving in this capacity (attach additional sheet if needed):
I have enjoyed my time on the board so far. I feel like I bring a unique perspective to the board through the work I do in my employment. I also plan to live long term here in Lebanon want to contribute my time to better support and create opportunities for seniors and people with disabilities in this city.

Applicant's Signature: [redacted] Date: 4/9/2026

FOR OFFICE USE ONLY

DATE RECEIVED: ____ /____ /____	*City Council Appointment Date:* ____/____/____
DATE SENT TO:	*Applicant Notification Date:* ____/____/____
Director: ____ /____ /____ *Mayor:* ____ /____ /____	*Term Start Date:* ____/____/____
Applicant Appointed: ☐ *Yes* ☐ *No*	*Term End Date:* ____/____/____

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