CITY MANAGER'S OFFICE



3225 Main Street Sweet Home, OR 97386 541-367-8969 541-367-1215 FAX Jfisher@sweethomeor.gov

BOARD/COMMITTEE/COMMISSION APPLICATION

Applicant Information (Please type/print clearly):
Name: Don Hopkins Permanent Address: 40560 McQueen Dr., Sweet Home
Permanent Address: 40560 McQueen Dr., Sweet Home
Mailing Address: SAME
Contact Phone Number:
E-Mail Address:
Preferred method of contact: Mail Demail
Occupation: Retired, School Supt Employer: Self
Please mark the Board, Commission or Committee in which you are interested in serving:
□Budget Committee □Planning Commission ★Library Board
□Board of Appeals □Park and Tree Committee
□Charter Review Committee □All Hazard Mitigation Committee
Are you applying for reappointment: ★Yes □No
If yes, how long have you served in this capacity:Year(s)Month(s)
 How long have you lived in the area: <u>55</u> Year(s)Month(s) Please give a brief description of your experiences or training that you feel qualifies you for this
particular position. Prior Library Board; school Board Chrm.; LBL ESD Bet Chrm., Pres. s. H. Chamber Ambassadors Pres. S.H. Fur & Ambulance Dist; Chrm. Linn Co. Budget Board; and a number of others.
3. List current involvement in other community groups and/or activities. Library Board, S. th School Dist. Budget Committee Free arbitration Committee Evegor State Bar-
4. What special contribution do you feel you can make to the group/position you are applying for? An ability to listen and help make drivings for the betterment of those we herve.

RESIDENCY:

The following applies for appointments that require residency and elector status:

I, <u>Jonald & Hopekuns</u>, certify that I currently reside within the corporate limits of the City of Sweet Home and am an eligible elector as defined by ORS 246.012(5). I further acknowledge that should either my residency or my eligibility as an elector change I will notify the City of Sweet Home immediately.

CRIMINAL HISTORY BACKGROUND CHECK (CCH):

Topkins

A Criminal History Check (CCH) may be performed as part of the City of Sweet Home appointment process for City Boards, Committees, and Commissions. I acknowledge that a refusal to allow the CCH to be performed, when required, will cause my application to no longer be considered.

PUBLIC DISCLOSURE:

The City sometimes receives requests for contact information for members serving on City boards, commissions and committees. As an appointed public body volunteer serving the City of Sweet Home, the information provided on this application is considered public record.

My signature acknowledges that the information I have provided on the application is true and complete to the best of my knowledge and I understand that a CCH may be performed, when required, and that the information provided on this application is considered public record.

Signature

Date of Signature