



BENTON COUNTY ADVISORY BOARD, COMMISSION OR COMMITTEE

Name of Committee Applying For: STAC STIF COMMITTEE

Name: _____ Phone: (H) _____

E-Mail: _____ (W) _____

Mailing Address: _____ (C) _____

How long have you lived in Benton County? _____ Occupation: _____

Please note: If you are appointed, your contact preference will be added to the roster along with the other members' contact information. The rosters are available to the public when requested.

1. Please give a brief description of the experience, training, or involvement in the community that qualifies you for membership on this advisory committee. If you wish, you may attach a resume or other material describing your qualifications.

2. Please list the community concerns that you would like to address if you are appointed to the committee. List them in order of priority, with the most important first.

Signature: _____ Date: _____

The Board of Commissioners encourages citizen involvement and appreciates your time and effort.

Benton County does not discriminate against any person on the basis of race, color, sex, religion, political affiliation, national origin, handicap, or age in employment or in admission, treatment, or participation in its programs, services, and activities.

Return completed application to:

**Brad Dillingham
Transportation Coordinator
Benton County Public Works
360 SW Avery Avenue, Corvallis, OR 97333**

or Email: brad.dillingham@corvallisoregon.gov

For County use only:						
Access number	Date appointed	Appt next vac / ltr out keep on file 1 year	On file 2 mos. still avail?	"Apprec" ltr out	Position# & Exp Date:	Term appl for: