CITY OF OKANOGAN

Mayor Wayne L. Turner

APPLICATION FOR CITY COUNCIL MEMBER POSITION # 4

Thank you for your interest in serving the City of Okanogan community as a member of the Okanogan City Council. To be considered, applications must be completed, signed, and received at the City Clerk's office, 120 3rd Ave. North**.** Applications may be hand-delivered, mailed to PO Box 752, Okanogan, WA 98840, or emailed to cityclerk@okanogancity.com

Name: _____
(Last) (Middle) (First)

Complete Home Mailing Address: _____

Home Phone: _____ Cell: _____

Business Phone: _____

E-mail: _____

Occupation: (if retired, please indicate former occupation) _____

Business Address: _____

Educational Background: _____

1. Registered voter in the City of Okanogan? ◯Yes ◯No

2. Have you continuously resided within the city limits of the City of Okanogan for a year or more? (State law requires a councilmember to be a resident of Okanogan for at least a year prior to appointment, and to be a registered voter at the time of application.) ◯Yes ◯No

3. Do you or your spouse or any immediate family member (spouse, children, siblings, parents) have a financial interest in, or are you an employee or officer of any business or agency which does business with the City of Okanogan? ◯YES ◯NO If yes, please explain: _____

_____

4. Is any member of your immediate family currently employed, either full time or part time, by the City of Okanogan? ◯ YES ◯ NO

If yes, please explain: _____

5. Would your appointment create a conflict of interest or an appearance of a conflict of interest? ◯YES ◯NO

If yes, please explain: _____

6. Please list your employment for the past ten years (or attach resume):

NAME OF EMPLOYER	POSITION HELD	DATES OF EMPLOYMENT

7. Please list the professional affiliations, clubs, social, or fraternal organizations to which you belong or hold office: _____

_____

8. Please list your special skills and/or interests: _____

_____

9. Please list your volunteer experience, and include any volunteer or paid positions held on any governmental board, committee or commission:

_____ FROM: _____ TO: _____

_____ FROM: _____ TO: _____

_____ FROM: _____ TO: _____

_____ FROM: _____ TO: _____

10. Why are you interested in serving in this position as an Okanogan City Councilmember?

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11. Appointment to the City Council will require your attendance at regularly scheduled meetings the first and third Tuesday of each month at 7pm and occasionally special meetings. Are you able to commit your time and energy to participate fully as a member of the Okanogan City Council. ◯ YES ◯ NO

12. References: Please list name, address and phone number:

1. _____

2. _____

3. _____

Once submitted, applications and related materials become a public record subject to public disclosure, and may appear in a Council agenda packet. You may be asked to attend a meeting and provide a short presentation to the Council.

I certify under penalty of perjury under the laws of the State of Washington, that the foregoing is true and correct.

_____ _____

SIGNATURE DATE