Application for Boards/Commission

FEB 0 2 2022

Contact Information

CITY OF JOHN DAY

Name: 1919 trail of	Cheris B. LASHART Lands line much sit stant
Street Address:	318 SE Hillcrest DR. MO A MAN A HOLD
Mailing Address:	A 318 SEI HI H CROST DR. DUNGS SHE AT SM ASTRON
City/State/Zip Code:	JOHN DAY, Oregon 97845 plat promise
Home Phone:	(541) 575-1276 town of the play of
Work Phone:	(541) 792-0671
E-Mail Address:	Chai labhaate quail.com

Background

Years of Residence in John Day:	60 yes.
Place of Employment:	Retined
Occupation:	Retried
Educational Background:	BA LANguage Anto Social Shuher Grant Union High
Prior Civic Activities:	Coty Curration/Mayor County Counts strong State Heath Countrisation Local Heath Organization Senior Cotzens Tood Bank

Boards/Commissions of Interest

Please check all of the following Boards/Commissions that interest you:

X City Counc	2000	CONTRACTOR
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- Budget Committee
- ☐ Planning Commission

Special Skills or Qualifications

Summarize any special training, skills or experience you may have pertinent to the Board/Commission to which you are applying.

Experienced in Municipal budgets. Networked with state and lowed leadens. Very familian with City council meetings. Themen Mayor and city councilman. Served on vanious boards and commissions of the state and loss loved. I volunteer in vanious oxygenization throughout the county.

Motivation

Discuss your motivation for serving on this Board/Commission.

I took the time and effort to run fin city course I in the last election. I lost the election In a coin toss. If wide vanishy of People in John Day wanted me on the council. I have a good working relationship with Grant County July a Scatt Myora of helieve I could be a bailing between the City and the County Court.

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Special Notice

Please be advised that members of the City Council and Planning Commission are required to file an annual **Statement of Economic Interest** with the State of Oregon. A sample reporting form is available from the Administration Office at John Day City Hall indicating the type of information you will be required to disclose if you are appointed.

RETINES

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	CHOEL B. LASHBET
Signature	Conis & Mosns
Date	02/02/2022 11/29/1 1/2
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Our Policy

It is the policy of the City of John Day to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability. The City of John Day accepts applications from potential board/commission members throughout the year and will hold applications until vacancies exist on specific boards/commissions.

Thank you for completing this application form and for your interest in volunteering with us.