

Applicant Criteria

1. Be able to attend monthly meetings on the 2nd Wednesday of each month, from 5:30 to 7:30 p.m. primarily in Springfield but at times at alternate locations;
2. Be willing to serve an up to 4-year term; and
3. Live in Lane County OR represent a business or organization that operates in Lane County.

Name:			
Residential/Business Address:			
	Street	City	Zip
Mailing Address:			
	Street	City	Zip
Home Telephone:		Work Telephone:	
FAX:		E-Mail:	
Employment:			

The LaneACT is recruiting for the following positions:

- A Designated Stakeholder representing **Trucking** interests.

Stakeholders will be appointed to 4-year terms and may be reappointed to subsequent 4-year terms by LaneACT.

(OVER)

Please answer the following questions. Attach additional pages if necessary.

- 1. Please describe how your background, training and experience prepare you to represent the appropriate stakeholder position(s).** Include employment, educational, vocational and skill training, degrees and certifications, licenses, participation on boards and committees, memberships, life experience, etc.

- 2. If you are a member of an organization representing the appropriate stakeholder position(s), and/or if you have received an endorsement to serve on LaneACT from such an organization, please describe your membership(s) and/or endorsement(s).**

- 3. Please provide any additional information about yourself which will help LaneACT select you.**

In addition to answering the above questions, you may attach a resumé to provide additional information about yourself if you wish.

Thank you for applying to be a LaneACT Stakeholder!

Demographic Information (Optional):

The LaneACT collects information on race, ethnicity, national origin, and gender of applicants to the Commission to ensure the inclusion of all segments of the population affected by LaneACT. You have the option of providing this information. You may apply and be selected to be a LaneACT Stakeholder even if you do not wish to provide this information.

Gender		Number of Persons in Your Household												
Annual Household Income:														
<input type="checkbox"/>	Less than \$25,000	<input type="checkbox"/>	\$25,000-\$44,999	<input type="checkbox"/>	\$45,000-\$74,999	<input type="checkbox"/>	More than \$75,000							
Disability	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Senior	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Youth	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	African American	<input type="checkbox"/>	Hispanic	<input type="checkbox"/>	American Indian/Alaskan Native	<input type="checkbox"/>	Asian							
<input type="checkbox"/>	Native Hawaiian and other Pacific Islander	<input type="checkbox"/>	Multiracial	<input type="checkbox"/>	White	<input type="checkbox"/>	Other							

Please Return Your Completed Application to:

Mail: **Denise Walters, LCOG / 859 Willamette Street, Suite 500 / Eugene, OR 97401-2910**
E-Mail: **dwalters@lco.org**
FAX: **(541) 682-4099 Attn: Denise Walters**