

## Small City Allotment Program

### Advisory Committee Application

Name		Date	
Email Address		City	
Zip Code	County		Phone Number
City of Affiliation		Position	
Why do you wish to serve on this advisory committee?			
What skills, interest, and experience do you have that you believe would contribute to your ability to effectively serve on this committee?			
What would you hope to accomplish in your role as a committee member?			

Explain how you would represent the best interests of all the Small Cities within the region you serve:

ODOT is committed to reflecting diverse cultures on its boards/committees and does not discriminate against any person on the basis of race, color, national origin, age, disability, sex, religion, language, ethnicity, socio-economic status, sexual orientation, gender identity or expressions, veteran's status, or political beliefs. How will your lived experiences contribute to this effort?

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Signature

Date