



Driver Education Advisory Committee Application Form



*Terms are for three years and end in March.

Name			
Home Phone:		Work Phone:	
Fax:			
Address:			
City:		State:	Zip:
Email:			

Experience

Organization:			Supervisor:
Position:			Location:
Length of Experience:	To:	From:	Hours/Week:
Major Activities:			

Organization:			Supervisor:
Position:			Location:
Length of Experience	To:	From:	Hours/Week:
Major Activities:			

Organization:			Supervisor:
Position:			Location:
Length of Experience	To:	From:	Hours/Week:
Major Activities:			

Education

College, University, Professional School, Business, Correspondence, Trade, Technical or in –Service Training.

Name:		Location:	
Degree/Certificate Received if any:		Date Received:	

Name:		Location:	
Degree/Certificate Received if any:		Date Received:	

Name:		Location:	
Degree/Certificate Received if any:		Date Received:	

Briefly describe the reasons you are interested in being considered for the Driver Education Advisory Committee.

List any other related experience you wish to be considered (community services, volunteer work, interest, etc.)

Please check all that **currently** apply:

Public School/ESD:

- Teacher
- Classroom BTW
- Administrator
- Business Manager
- TOT

Community College

- Teacher
- Classroom BTW
- Administrator
- Business Manager
- TOT

Commercial Driving School:

- Teacher
- Classroom BTW
- Administrator
- Business Manager
- TOT

Driver Education Advisory Committee At-Large Position

None of the above apply

Applicant Signature: _____

Date: _____

Return to

Driver Education Advisory Committee
ODOT-TSD Driver Education Program
4040 Fairview Industrial Drive SE – MS 3
Salem, OR 97302-1142

Or

ODOTDEMail@odot.state.or.us

FAX to: 503.986.3143