



Oregon Recreation Trails Advisory Council

Appointment Interest Form

The purpose of this form is to assist OPRD in evaluating the qualifications of an applicant for appointment to the Oregon Recreation Trails Advisory Council.

Personal Data

Preferred Mailing Address HOME BUSINESS Today's Date: _____

Preferred Title: (e.g. Mr, Mrs, Ms, Dr, etc.) _____

Full Name: _____
First MI Last

Spouse's Name: _____
 (optional)

Home Address: _____
Street Address Apartment/Unit #

City State ZIP Code County

Home Phone: _____ Alternate Phone: _____

Business Address: _____
Street Address Apartment/Unit #

City State ZIP Code County

Business Phone: _____ Alternate Phone: _____

Email _____

Occupation: _____

If information below is unknown, see <https://www.oregonlegislature.gov/findyourlegislator/leg-districts.html>

Your State Senator: _____ District #: _____

Your State Representative: _____ District #: _____

To assist us in meeting our affirmative action objectives, we would appreciate information about your gender and background. This information is optional. Under state and federal law, this information may not be used to discriminate against you.

Gender

Male Female

Race/Ethnicity

Asian or Pacific Islander Native American
 Black White
 Hispanic Multi-racial/Other

Disability

RESUME'

Please attach a current resume'.

TRAIL AND COMMUNITY ENGAGEMENT EXPERIENCE:

Describe your experience with trails (use, management, development, planning, volunteer services, etc.) and any community engagement experience you may have. **A current resume' may substitute for this section and/or you may complete this section on a separate sheet.**

EXPERIENCE WITH UNDERSERVED GROUPS OR COMMUNITIES:

Describe your experience serving or reaching communities or groups traditionally underserved by outdoor recreation programs (low income, minority groups, people with disabilities, among others). **You may complete this section on a separate sheet.**

Appointments are subject to confirmation by either the OPRD Director or the OPRD Commission. One area of inquiry will be whether you or your spouse may have a conflict of interest between private life and public service.

I will accept appointment if selected by OPRD and if appointed I pledge my best efforts to resolve, before assumption of office, any conflicts of interest that would be inconsistent with my responsibilities as a gubernatorial appointee.

Signature: _____ Date: _____

Please complete the entire form and return to:

Jodi Bellefeuille
Recreation Grants & Community Programs Section
Oregon Parks and Recreation Department
725 Summer Street NE, Suite C
Salem, Oregon 97301