

OPRD COMMITTEE APPOINTMENT INTEREST FORM

The purpose of this form is to assist OPRD in evaluating the qualifications of an applicant for appointment to a Grant Advisory Committee. Please complete the entire form and return to:

*Grant Committee Appointments, OPRD, 725 Summer Street NE, Suite C; Salem, OR 97301
Or email to the appropriate address listed next to specific committee below:*

COMMITTEES

Please indicate what committee and position you are applying for:

- | | |
|---|--|
| <input type="checkbox"/> All-Terrain Vehicle Advisory Committee | (Jeff.trejo@oregon.gov) |
| <input type="checkbox"/> All-Terrain Vehicle Grant Subcommittee | (Jeff.trejo@oregon.gov) |
| <input type="checkbox"/> All-Terrain Vehicle Highway Access Routes Advisory Committee | (Jeff.trejo@oregon.gov) |
| <input type="checkbox"/> County Parks Assistance Advisory Committee | (Mark.cowan@oregon.gov) |
| <input type="checkbox"/> Local Government Grant Program Advisory Committee | (Mark.cowan@oregon.gov) |
| <input type="checkbox"/> Oregon Outdoor Recreation Committee (Land & Water Conservation Fund Program) | (Michele.scalise@oregon.gov) |

Specific Position(s) applying for: _____

PERSONAL DATA:

Today's Date: _____

First Name _____ MI _____ Last Name _____

Mailing Address _____

City _____ State _____ Zip _____ County _____

Business Name _____

Business Address _____

City _____ State _____ Zip _____ County _____

Occupation _____

Phone (_____) _____ Optional Phone (_____) _____

E-mail address _____

To find your legislative district, see: <https://www.oregonlegislature.gov/FindYourLegislator/leg-districts.html>

Or contact your County Elections Office.

Senate District # _____

House District # _____

Congressional District # _____

Optional:

To assist us in meeting our affirmative action objectives, we would appreciate the following information. Under state and federal law, this information may not be used to discriminate against you.

Race/Ethnicity

- | | |
|--|--|
| <input type="checkbox"/> Asian or Pacific Islander | <input type="checkbox"/> Native American |
| <input type="checkbox"/> Black | <input type="checkbox"/> White |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Multiracial/Other |

Disability: _____

Gender: _____

