

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

Specific Position(s) applying for: \_\_\_\_\_

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## 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: \_\_\_\_\_

