



**OREGON FIRE CODE ADVISORY BOARD
INTEREST FORM**

Office use only
ACK _____
APP _____ DEN _____

The purpose of this interest form is to assist the board administrator and staff in evaluating the qualifications of an applicant for appointment to the Oregon Fire Code Advisory Board or subcommittee.

Please complete the entire form and return to:

*Office of State Fire Marshal 3565 Trelstad Ave. SE Salem OR 97317 Attn: Chad Hawkins
or email to chad.hawkins@osp.oregon.gov*

BOARD/SUBCOMMITTEE APPOINTMENT(S) DESIRED

_____ Board

_____ Subcommittee

PERSONAL DATA

Preferred Mailing Address: Home _____ Business _____

First Name _____ MI _____ Last Name _____

Home Mailing Address _____

City _____ State _____ Zip _____ County _____

Business Name _____

Business Address _____

City _____ State _____ Zip _____

Occupation _____

Home Phone (____) _____ Business Phone (____) _____ ext _____

Cell Phone (optional) (____) _____ E-mail address _____

EDUCATION Schools attended, include high school. *A current resume may be substituted for this section.*

School _____ City & State _____ Dates _____ Degree/Major _____

EMPLOYMENT & EXPERIENCE List major paid employment & significant volunteer activities. *A current resume may be substituted for this section.*

Dates (from-to)	Employer/Organization	City & State	Title/Position

INTEREST IN APPOINTMENT Describe in detail why you are interested in serving on this particular board or subcommittee. Include information about your background and how you meet the requirements for the position (s) being sought. *You may complete this section on a separate sheet.*

If you are appointed, is there anything in your background that might reflect poorly on the Office of the State Fire Marshal or on the OSFM Fire Code Advisory Board Yes * No

**if answer is yes, please give full details on a separate sheet of paper.*

By signing, if appointed, I pledge my best efforts to resolve, before appointment, any conflicts of interest that would be inconsistent with my responsibilities as an appointee.

Signature _____ Date _____

I am seeking:

Appointment Reappointment