INTEREST FORM

Oregon Agricultural Heritage Commission

This form is used to obtain general information and qualifications of persons interested in serving on the Oregon Agricultural Heritage Commission. This information will be used by the Oregon boards and commissions that recommend applicants to the Oregon Watershed Enhancement Board (OWEB), and also by the OWEB Board, which will appoint the commissioners. Agencies are required to pay per diem compensation and expenses for “qualified members,” defined as members who are (1) not in full-time public service, and (2) have an adjusted gross income for the previous tax year of less than $50,000, or less than $100,000 reported on a joint income tax return. The only exception to the requirement is if the qualified member declines compensation. The agency will reimburse board members for travel expenses.

# Applicant Information

**Name**

**Affiliation**

**Occupation**

[ ]  Retired

**Mailing address**

**Town/City**       **State**       **Zip Code**

**Phone Number**       **Cell or Alternate #**       **Fax Number**

**Email**

**Applicant Signature**

By signing above, you certify that:

* All of the information on this form is true;
* You are a legal citizen of Oregon and the United States of America;
* You will accept appointment to the Oregon Agricultural Heritage Commission if selected by the OWEB Board;
* You have an email address and are able and willing to check your email on a near-daily basis and conduct some commission business via email; and
* You will be able to attend scheduled meetings across the state.

# Position Sought

Check the box next to each position for which you are currently applying. You may select multiple boxes. This information may be used to contact you for the Rules Advisory Committee or for future vacancies on the commission.

**[ ]  Farmer or Rancher** (recommended by the State Board of Agriculture)

[ ]  **Fish and Wildlife Habitat** (recommended by the State Fish and Wildlife Commission)

[ ]  **Agricultural Water Quality** (recommended by the State Board of Agriculture)

[ ]  **Conservation Easements and Similar Land Transfers** (recommended by the Land Conservation and Development Commission)

[ ]  **Indian Tribal Interests** (selected by the OWEB Board)

**[ ]  Natural Resource Value Interests** (selected by the OWEB Board)

# Statement Of Interest

Use the space below to explain why you are interested in being a representative on the Oregon Agricultural Heritage Commission and why you will be a good commissioner.

# Experience/Involvement

Please describe any work experience and/or involvement that has provided you with knowledge, skills, or abilities to successfully represent the interests of the position(s) for which you are applying and to fulfill the duties of a member of the Oregon Agricultural Heritage Commission. Include any previous experience on boards or commissions.

You may attach a résumé and/or work history.

# Supplemental Question

Describe what you believe to be the main issues facing the future of Oregon agriculture and the fish and wildlife habitat and other natural resources on Oregon’s agricultural lands.

# References

Please identify three references that may be contacted if you are selected as a top candidate. Individuals or representatives of associations/organizations are acceptable.

Letters of support from relevant staff, associations, or similar groups are encouraged; feel free to attach any such letters to your application.

## Reference #1

Name

Affiliation (if any)

Mailing Address

City/Town

State

Zip Code

Phone Number

Alternate #

Fax #

Email

## Reference #2

Name

Affiliation (if any)

Mailing Address

City/Town

State

Zip Code

Phone Number

Alternate #

Fax #

Email

## Reference #3

Name

Affiliation (if any)

Mailing Address

City/Town

State

Zip Code

Phone Number

Alternate #

Fax #

Email

Please send your completed application via email to april.mack@oweb.oregon.gov or via mail to:

Oregon Agricultural Heritage Program

ATTN: April Mack

Oregon Watershed Enhancement Board

775 Summer Street NE #360

Salem, Oregon 97301

Applications must be sent via email or post-marked by Oct 26th, 2022 in order to be considered for a position.

PROTECTED GROUP STATUS FORM

Committee/Board Member

*Oregon Watershed Enhancement Board*

Name       Date

Department/Committee Board Name: **Oregon Agricultural Heritage Commission**

Federal and State laws require the Board to make its programs, activities, and services available to all persons regardless of race, color, national origin, age, disability, and sex. The Board is attempting to monitor the selection of and participation by women, minorities, and people with disabilities on its committees, advisory groups, etc.

The following information will be used for statistical reporting only, and is voluntary. **Information obtained will be kept confidential and will be destroyed as soon as the responses on the form are captured numerically.**

**Race/Ethnic Origin:**

**[ ]** Black

[ ]  Asian or Pacific Islander

[ ]  American Indian or Alaskan Native

[ ]  Hispanic (of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin)

[ ]  White

**Mark the following which apply to you:**

**[ ]** Female

[ ]  Male

[ ]  Disabled

[ ]  I prefer not to respond to these questions.

**Oregon Agricultural Heritage Commission Per Diem Stipend Qualification Form**

**For Tax Filing Year [\_\_\_\_\_\_\_\_\_\_\_\_]**

**Member Name (First and Last):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 (Print)

### Address, City, State, ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Print)

**Compensation:**

A board or commission member who is not employed full-time in public service may receive a stipend under ORS 292.495 (1) for each day or portion of a day during which the member is actually engaged in the performance of official duties. The amount may exceed, but not be less than, the amount of payment that would otherwise be provided under ORS 292.495 (5).

If you are currently serving on a state board or commission other than this one and receiving compensation, under the Constitution of Oregon, Article II Suffrage and Elections, Section 10, you are not allowed to receive compensation from more than one board or commission.

Are you currently serving on a state board or commission(s) other than this one: \_\_\_yes\* \_\_\_no

\*If yes, please list name(s):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*If yes and you are accepting the per diem stipend from another state board or commission, list name of that entity:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please indicate your compensation status and selection:**

 **Qualified member**: A member who is not in full-time public service and has an adjusted gross income in the previous tax year: (A) of less than $50,000, as reported on an income tax return other than a joint income tax return; (B) of less than $100,000, as reported on a joint income tax return, or (C) have other existing statutory authority for compensation by the board or commission.

 **Non-Qualified member**: A member who is not in full-time public service and has an adjusted gross income in the previous tax year: (A) of more than $50,000, as reported on an income tax return other than a join income tax return; or (B) of more than $100,000, as reported on a joint income tax return.

 **Decline Compensation**: I decline the compensation offered regardless of my status as a qualified or non-qualified member as allowed under ORS 292.495 (6).

I understand this compensation is taxable income and will be reported to me annually on a W-2 or 1099 statement.

By signing this form, I hereby affirm that all information provided by me on this form is true to the best of my knowledge.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_