

**MID-COLUMBIA ECONOMIC DEVELOPMENT DISTRICT (MCEDD)
BOARD OF DIRECTORS
INTEREST FORM**

The purpose of this form is to assist the MCEDD Executive Committee, Board and staff in evaluating the qualifications of an applicant for appointment to the MCEDD Board of Directors. **Please complete the entire form and return to:**

MCEDD, 515 East Second Street, The Dalles, OR 97058

appointments@mcedd.org

For questions call 541-296-2266.

PERSONAL DATA

Preferred Mailing Address: Home Business

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

First Name _____ 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, including high school. *A current resume may be substituted for this section.*

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

EMPLOYMENT & EXPERIENCE

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 the MCEDD Board. Include information about your background and how you meet the requirements for the position being sought. *You may complete this section on a separate sheet.*

ADDITIONAL INFORMATION

Do you represent a minority group (please list)? _____

Do you represent a labor group (please list)? _____

Do you represent a workforce development agency (please list)? _____

Do you have any identified conflicts of interest serving on this Board (please identify)?

Completed forms must be returned to: MCEDD, 515 East Second Street, The Dalles, OR 97058 or appointments@mcedd.org