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 Budget Committee. This is an unpaid position for a three year period. All forms will be reviewed and provided to the MCEDD Board of Directors for appointment. **For consideration of appointment, complete the entire form and return by 5 pm on February 19, 2020 to:**

*MANCED, 802 Chenowith Loop Road, 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.*

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<th>Dates</th>
<th>Degree/Major</th>
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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
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INTEREST IN APPOINTMENT
Describe in detail why you are interested in serving on the MCEDD Budget Committee. 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.*

_______________________________________________________________________________________________
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ADDITIONAL INFORMATION
Do you have any identified conflicts of interest serving on this Committee (please identify)?

________________________________________________________________________________________

Completed forms may be returned to: MCEDD, 802 Chenowith Loop Road, The Dalles, OR 97058 or appointments@mcedd.org. Forms are due by 5 p.m. on February 19, 2020.