MCEDD BUDGET COMMITTEE
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 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:**

MCEDD, 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.*

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

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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)?

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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.***