

DOUGLAS COUNTY CITIZEN INVOLVEMENT PROGRAM
Application for Membership on the

COMMITTEE NAME: _____

NAME: _____ **PHONE:** _____

MAILING ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

EMAIL: _____

OCCUPATION: _____
(Give previous, if retired)

AGE: 18-25: 26-35: 36-50: 51-60: 61-64: 65+:

Please give an approximation of the number of hours per month you could devote to the committee activities:

Less: 5: 10: 15: 20: 25: 30: More:

Daytime: Evening:

Previous community involvement:

Applicant's Signature: _____ **Date:** _____

Return to: Douglas County Board of Commissioners
1036 SE Douglas Street, Room 217
Roseburg, Oregon 97470