



Board Advisory Committee Application

Application for _____ Committee Member

NAME:	OCCUPATION:
ADDRESS:	Home Phone: Cell Phone: E-mail Address:

Team Member Expectations:

- Attend scheduled meetings
- Participate in Board meetings as needed to provide updates on progress

What contribution do you think you would make to the Committee?

What experience do you have related to this type of work?

In order to help us have a well-rounded group, we would like to know what committees or organizations you are involved with.

Please return this form to Juli Lichtenberger by e-mail, juli.lichtenberger@dsd2.org

or by mail, 111 SW Ash Street, Dallas, OR 97338

This application could be subjected to release with a public records request.