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Application for a City of Springfield

04	Citizen Advisory Board/Commission/Committee
OREG	ON Office • 225 Fifth Street • Springfield, OR 97477
When appointing that person is bein	ecople to any of the other city boards, commissions or committees, the Council shall take into account whether greappointed for a subsequent term, is currently serving on another governing body or currently appointed to commission or committee. Council will appoint people to serve on one City board, commission or committee only.
moredeld	st be completed for each board / commission / committee)
Name: Re	belcah L VVECA
Home address:	Springfield 197477 Zip Zip Zip Zip Zip
Mailing address:	Springfield 97911
Day Phone	Evening phone:
Email Address:	
Preferred Form of Contact	11116
Do you live within the Spi	No If no, do you live inside Springfield's Urban Growth Boundary?
Ward number (City reside	
Are you a Springfield property of the Are you a Springfield busing Are you a registered voter Occupation:	Ministry Assistant Place of employment/School: Springfield Faith Center
Business address: 400	amily and Church Education
Are you currently serving	on any other board, committee, or commission? If so, please list them here:
How did you hear about the Newspaper ad Word of mouth	Board/Commission/Committee member
For more information plea	se call the City Manager's Office 541.726.3700 the City Manager's Office, 225 Fifth Street, Springfield Oregon 97477
Kerm	Printed on Recycled P.



Application for a City of Springfield Application for a City of Springfield Application for a City of Springfield
Citizen Advisory Board/Commission
Please
Over the past 17 years, I have worked n multiple clueation settings, in administrative setting. It have made stills, I have helped streamine processes and praduces to help serve the chalent body before as well as the organization. What specific contribution do you hope to make?
adminstrative gothe Using may administrative skills, I have helped stream
Processes and praduces to help serve the condent body better as well as the organization
What specific contribution do you hope to make? The contribution do you hope to make?
What specific contribution do you hope to make? I would like to help creak experiences and expertunities for families, Young children, and the community to enjoy the library and forcer a
live of learning and reading.
3. Briefly describe your involvement in relevant community groups and activities. (Lack of previous involvement will not necessarily disqualify you from consideration.)
Them 20114 2019 The included and be lead a MODOL MATTERS
yrup. I also have valunterared at voisions schools like Howellor and the
4. What community topics concern you that relate to this beard / commission / committee? Why do you want to become a member?
I have a strong desire to help fisher a love of learning and reading
11 all, but especially kids, similar to the opportunities given to me when
I was young. I hope to create a Safe, open space for all to grow at the library. Most boards / commissions / committees meet monthly. Subcommittees may meet more frequently. Meetings generally last one
and one-half hours. It is highly recommended you attend a meeting before submitting the application. Please read the news release for this position which contains the normal dates and times for these meetings and can be found at
https://www.springfield-or.gov/city/newsroom/. Are you available to attend meetings on the dates listed for this committee?
Yes No Comments:
vertify the information in this application and attachments are true and complete to the best of my knowledge. I understand to

I certify the information in this application and attachments are true and complete to the best of my knowledge. I understand that false or misleading statements or missing information is cause for rejection of application, removal of name from eligible list, or dismissal from the position. I hereby waive my to claims or damages against any employer and the City of Springfield, its officers, agents, and employees, in regard to this exchange of incomplete to the best of my knowledge. I understand that false or misleading statements or missing information is cause for rejection of application, removal of name from engine first, or dismissal from the position. I hereby waive my statements or damages against any employer and the City of Springfield, its officers, agents, and employees, in regard to this exchange of information. I hereby authorize to permit the City of Springfield and/or the Springfield Police Department to review my background information and if required my hereby authorize to permit the Advisory and meet the minimum requirements to serve/volunteer in the desired position. I also authorize to permit any hereby authorize to permit the City of Springheid and/of the Springheid Police Department to review my background information and if required my background information and information an

jisted above to see the control of Springfield, its officers, employees, and agents from and against all liability or loss and against any and selions, causes of actions, precedings or appeals based upon or arising out of or arising from or in connection with my conduct or performs. I will defend, indemnity and note harmees the City of Springhetia, its officers, employees, and agents from and against all liability or loss and against any and all claims, actions, causes of actions, proceedings or appeals based upon or arising out of or arising from or in connection with my conduct or performance at volunteer with the City of Springhetic including but not limited damage or injury to persons or any and including without limitation attorney for any and including without limitation attorney for or in connection with my conduct of performance as ty and including without limitation attorney fees and expenses; except for loss

Applicant Signatur

For more information please can the City Ivianager's Office 541.726.3700 For more information please can the City Manager's Office, 225 Fifth Street, Springfield Oregon 97477 or email: cmomail@springfield-or.gov