REDMOND FIRE & RESCUE
BUDGET COMMITTEE APPLICATION

Please type or print answers to the following questions and submit to Redmond Fire & Rescue, 341 NW Dogwood Avenue, Redmond, OR 97756 or email to applications@rdmfire.org. If you have any questions, please feel free to contact the District Chief Financial Officer at 541-504-5041. Thank you for your time and interest in Redmond Fire & Rescue. Attach additional sheets if necessary.

I, _____, respectfully request to be considered as an applicant for a
(Please print first and last name)
position on the Redmond Fire & Rescue Budget Committee.

_____
(Address)

_____ _____
(Home Phone) (Cell Phone)

_____
(E-mail)

_____ _____
(Occupation) (Place of Employment)

A qualified applicant must reside within the District Limits, be 18 years of age or older, and a registered voter.

Are you 18 years of age or older?	Yes ☐	No ☐
Do you reside within the District Limits?	Yes ☐	No ☐
How long have you been a resident?	Years: _____	Months: _____
Are you a registered voter in Deschutes County?	Yes ☐	No ☐

Education / Activities:

Please list academic background: _____
_____
_____

Please list any current or prior Civic or Professional organizations / activities: _____
_____
_____

Related Experience:

What prior work or volunteer experience have you had that would be helpful if you were appointed to this position? _____
_____
_____

What other special skills, interests, hobbies, or training do you have that would bring special value to your ability to serve on this committee? _____
_____
_____
_____
_____

How did you hear about this position? _____

Have you ever attended any budget committee meetings before? _____

Are you available to attend special meetings, in addition to the regularly scheduled meetings? _____
_____

Why are you applying for this position? _____
_____
_____

What community topics concern you that relate to this committee? _____
_____
_____

What specific contributions do you hope to make? _____
_____
_____

If you were elected to the Budget Committee, how would you determine service priorities for the District?
_____
_____
_____

Do you have experience in group processes and decision making? Please describe: _____
_____
_____
_____

My signature affirms that the information in this application is true to the best of my knowledge. I understand that misrepresentations of facts are cause for removal from any advisory committee, board or commission I may be appointed to. I also understand that the District policy requires disclosure of actual or potential conflicts of interest by persons appointed by the District Board of Directors. All information and documentation related to service on this commission is subject to public records disclosure.

_____ _____
(Signature) (Date)