FOR IMMEDIATE RELEASE
May 11, 2015
Contact: Niel Laudati 541.726.3780
Cell 541.221.3686

~ M E D I A A D V I S O R Y ~

Applicants Sought for City Appointed Representative to the Lane Regional Air Protection Agency (LRAPA) Board * * Deadline Extended * *

The City of Springfield is accepting applications for a Springfield citizen representative to the Lane Regional Air Protection Agency (LRAPA) Board. This position will be appointed by the City Council with a term ending December 31, 2018.

The Lane Regional Air Protection Agency was created in 1968 to achieve and maintain clean air in Lane County, Oregon in a manner consistent with local priorities and goals. With the support of its member entities, which include Lane County and the cities of Eugene, Springfield, Cottage Grove and Oakridge, LRAPA carries out its mission to protect and enhance air quality through a combination of regulatory and non-regulatory programs and activities. To date, Springfield has had one city councilor as the representative on the LRAPA Board. Due to an increase in population, Springfield is now eligible for a second representative to serve on the Board. The second representative is to be appointed by the Springfield City Council.

The LRAPA Board is a nine-member board which meets monthly to establish policy and adopt agency regulations. They meet on the second Thursday of each month from 12:15-3:00pm in the LRAPA Meeting Room, 1010 Main Street, Springfield, Oregon.

Applications are available in the City Manager's Office, 225 Fifth Street, during regular business hours, or online at http://www.springfield-or.gov/bcc.htm . The deadline to apply is **5 p.m., Friday, May 29, 2015.**

City Council interviews will be held **June 22, 2015** during the work session and appointment to the LRAPA Board will take place **July 6, 2015** during the City Council regular session.

What: Applications being accepted for Lane Regional Air Protection Agency (LRAPA) Board

Who: Springfield residents

When: Applications will be accepted until May 29, 2015 at 5:00 PM.

Where: Applications are available in the City Manager's Office, 225 Fifth Street in Downtown Springfield or online at http://www.springfield-or.gov/bcc.htm

Additional information: Contact Amy Sowa, City Recorder at 541.726.4666

-30-

Application for a City of Springfield Citizen Advisory Board/Commission/Committee

City Manager's Office • 225 Fifth Street • Springfield, OR 97477

PLEASE NOTE: When possible, council will not appoint someone currently serving on another governing body.
When possible, council will appoint someone to serve on one city board, commission, or committee only.

Board / Commission / Committee applying for:

_____

(A separate application must be completed for each board / commission / committee)

Name: _____
First Middle Initial Last

Home address: _____
Street City Zip

Mailing address: _____
Street City Zip

Day Phone: _____ Evening phone: _____

Email Address: _____

Preferred Form of Contact: _____

Do you live within the Springfield city limits? ☐ Yes ☐ No ⇨ If yes, how long?_____
If no, do you live inside Springfield's Urban Growth Boundary? ☐ Yes ☐ No

Ward number (City residents only): _____

Are you a Springfield property owner? ☐ Yes ☐ No
Are you a registered voter? ☐ Yes ☐ No
Are you a Springfield business owner? ☐ Yes ☐ No

Occupation:_____ Place of employment/School:_____

_____

Business address:_____

Education:_____

Are you currently serving on any other board, committee, or commission? If so, please list them here:

_____

How did you hear about the above vacancy?

☐ Newspaper ad ☐ Newspaper article ☐ Radio/TV ☐ Mail notice
☐ Word of mouth ☐ Board/Commission/Committee member ☐ Internet

(Over, please)

For more information please call the City Manager's Office 541.726.3700
Return this application to the City Manager's Office, 225 Fifth Street, Springfield Oregon 97477

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Application for a City of Springfield Citizen Advisory Board/Commission/Committee

Please print or type:

1. What experiences / training / qualifications do you have for this particular board / commission / committee?

2. What specific contribution do you hope to make?

3. Briefly describe your involvement in relevant community groups and activities. (Lack of previous involvement will not necessarily disqualify you from consideration.)

4. What community topics concern you that relate to this board / commission / committee? Why do you want to become a member?

5. 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 www.ci.springfield.or.us/CMO/newsrel.htm. Are you available to attend meetings on the dates listed for this committee?

   ◯ Yes ◯ No

   Comments:_____

   _____

   _____

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 rights to claims 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 DMV records. I have reviewed the Advisory and meet the minimum requirements to serve/volunteer in the desired position. I also authorize to permit any materials listed above to be copied and retained by the City of Springfield. I authorize the use of my photograph.

I will defend, indemnify and hold harmless the City of Springfield, 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 as a volunteer with the City of Springfield including but not limited damage or injury to persons or property and including without limitation attorney fees and expenses; except for losses, claims or actions resulting from the sole negligence of the City of Springfield.

Applicant Signature:_____Date:_____

For more information please call the City Manager's Office 541.726.3700
Return this application to the City Manager's Office, 225 Fifth Street, Springfield Oregon 97477

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Employee#_____
Position # _____

City of Springfield
225 Fifth Street
Springfield, Oregon 97477
Ph: (541)726-3705 Fax: (541)726-4614
An Affirmative Action/Equal Opportunity Employer

NON-EMPLOYEE PROFILE
Request for Services
☐ **VOLUNTEER**
☐ **TEEN VOLUNTEER**
☐ **INTERN / CONTRACTED LABOR**

To be completed by **CANDIDATE – All Information is REQUIRED**

INTERNSHIP ONLY
School/Organization Name: _____
Sponsor/Contact Name & Phone #: _____
Start & End Dates: _____

Full Legal Name: _____
(First) (Middle) (Last)

Physical Address: _____
(Street, Apt)
_____
(City) ... (State) (Zip)

DOB: _____

Preferred Phone #: _____ ☐ Cell ☐ Home

Department(s) of Interest
☐ City Manager's Office
☐ Finance
☐ Courts
☐ Information Technology
☐ Fire & Life Safety
☐ Police
☐ Library
☐ Development & PW
☐ Human Resources

Type of Work:

Other Language(s) Spoken: Willing to Translate? ☐ YES ☐ NO (High/Medium/Low)
Language 1: _____ Speak? Read? Write?

Emergency Contacts – Please list in order of preference

Name / Relationship:	Name / Relationship:	Name / Relationship:
Primary Ph#: ☐ Cell ☐ Home ☐ Other	Primary Ph#: ☐ Cell ☐ Home ☐ Other	Primary Ph#: ☐ Cell ☐ Home ☐ Other
Alternate Ph#:	Alternate Ph#:	Alternate Ph#:
City, State	City, State	City, State

☐ **By signing, I authorize the City of Springfield to use and/or disclose the above information in the case of an emergency, accident or illness that affects me.**

Candidate Signature: _____ **Date:** _____

To be completed by FACILITATOR

Assignment & Department/Duties: _____

Facilitator Name: _____ **Start & End Dates:** _____

Ph Ext.: _____ **Staff Approving Time Card:** _____

Picture: ☐ Taken & Emailed ☐ Needed

Requested Access:
☐ Computer*
☐ Time Card
☐ Email
☐ Notify IT
☐ New Badge
☐ Name Change
☐ Other: _____
☐ Driving: _____

On Line Learning Center System Access Requested (Includes drivers Training Courses if applicable) ☐

***When computer access is granted, volunteers and interns will receive access to the Volunteer Drive and an I:Drive.**

Notes:

- **Facilitator is responsible for ensuring candidate has read and signed the City Policy Acknowledgment page on their first day. Return signed page to Human Resources.**
- **Facilitator must contact Human Resources at the end of service to update personnel records.**
- **Facilitator is also responsible for the return of ID Badges to HR.**