FOR IMMEDIATE RELEASE
June 26, 2015
Contacts: Niel Laudati 541.726.3780
Cell: 541.221.3686

~ Media Advisory ~

APPLICANTS SOUGHT FOR DOWNTOWN PARKING ADVISORY COMMITTEE

The City of Springfield is seeking applicants to fill four vacancies on the Downtown Parking Advisory Committee (PAC). The PAC is a volunteer body which advises the Springfield City Council, Springfield Economic Development Agency, and City staff on the Downtown Springfield Parking Program.

Applicants must be one or more of the following: City residents or property owners, business owners, or an officer, partner, or employee of a business located in the downtown area.

The PAC meets quarterly with a term commitment of two years.

The **deadline to apply** is **5 p.m. Friday, July 10, 2015**. Application forms are available in the Springfield City Manager's Office at City Hall, 225 Fifth Street, Springfield, OR.

For more information, contact Courtney Griesel, 541-736-7132

-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 people currently serving on another governing body to the Planning Commission or Budget Committee.**
- **When appointing people to any of the other city boards, commissions or committees, the Council shall take into account whether that person is being reappointed for a subsequent term, is currently serving on another governing body or currently appointed to another city board, commission or committee.**
- **When possible, the Council will appoint people 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 Springfield business owner? ☐ Yes ☐ No
Are you a registered voter? ☐ 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

Printed on Recycled Paper

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

Printed on Recycled Paper

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.**