



Application for Interim Councilor for the City of Springfield

Please print or type:

1. Why do you want to be an Interim City Councilor?

2. What strengths do you bring to the position?

3. What makes you the most qualified candidate?

4. How do you see the role of an Interim City Councilor in addressing current challenges and supporting council priorities?

5. The City Council meets on average no less than four times per month. Council assigned subcommittees may meet more frequently. Meetings generally last a minimum of one and one-half hours. **It is highly recommended you attend a meeting before submitting the application.** 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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