



BMPO Bend Metropolitan
Planning Organization

The Bend Metropolitan Planning Organization (MPO) is seeking applicants for 2 positions on the following advisory committee

BEND MPO BUDGET COMMITTEE

The Bend MPO Budget Committee is established by state and local law to review and make recommendations regarding the adoption of the budget to the Bend MPO Policy Board. Appointees will each serve a 3-year term.

This committee meets once a year in March. Typically, the meetings are one afternoon session. More information on the Bend MPO Budget is available on our website at: www.bendmpo.org

Requirements;

Applicants should reside within the Bend MPO boundary.

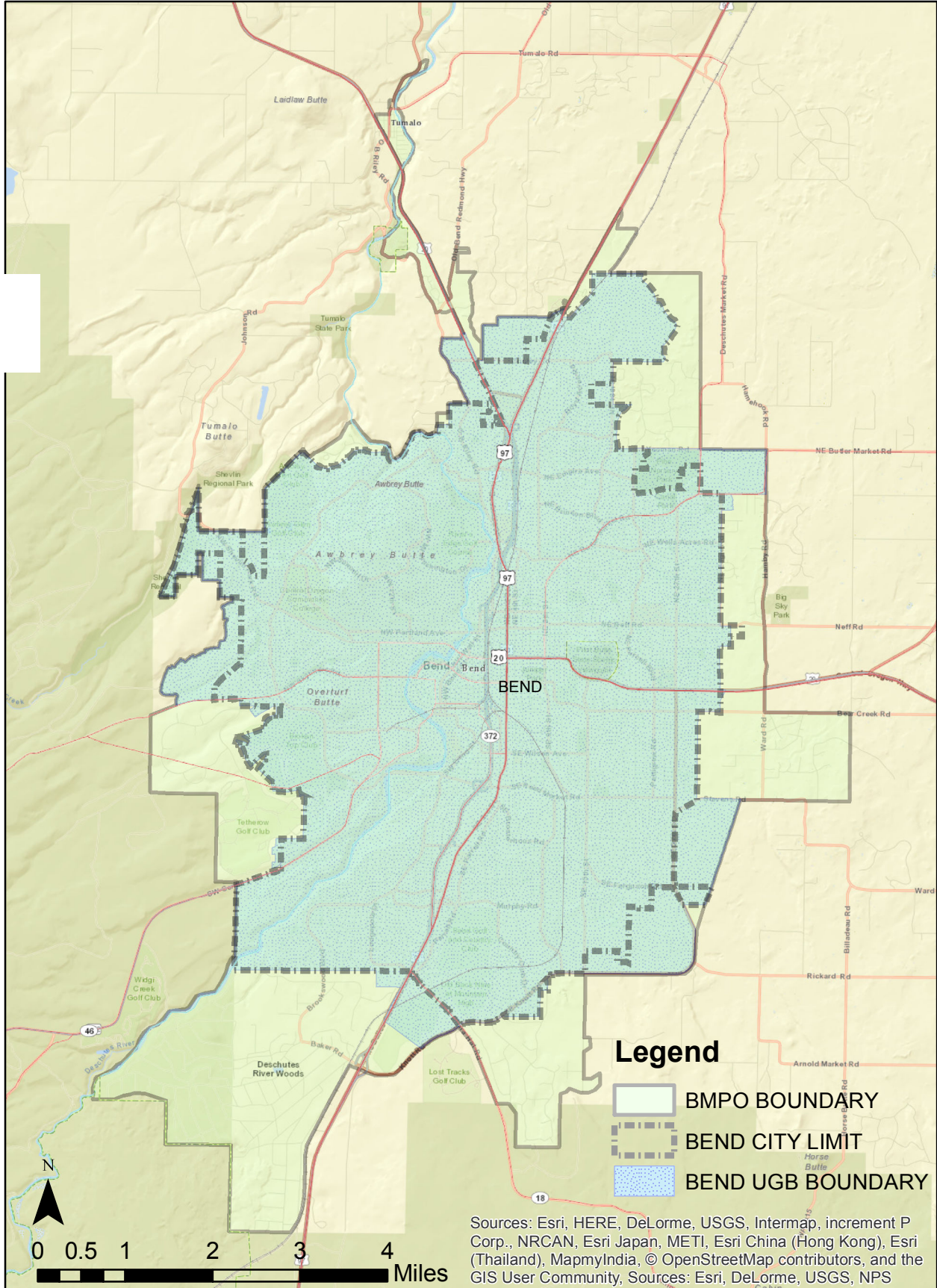
Applications are available at online at www.bendmpo.org and will be accepted until Friday, February 9 at 5:00 P.M. Applicants may take part in an interview process, and final selection rests with the Bend MPO Policy Board.

Applications can be emailed to Tyler Deke tdeke@bendoregon.gov or submitted at Bend City Hall Administration 710 NW Wall Street, Upper Floor.

Bend MPO
Questions: 541-693-2113
tdeke@bendoregon.gov



BMPO Bend Metropolitan Planning Organization





BEND MPO ADVISORY COMMITTEE APPLICATION

1. Committee applying for _____
Date available _____

2. Name: _____
(Last) (First) (I go by ..)

Address: _____
Street, P.O. Box City State Zip Code

3. Telephone No. _____ Cell: _____ E-mail address: _____

4. Statement indicating reason you would like to serve on this voluntary committee:

5. Special skills, interest, hobbies that you believe would bring special value to your ability to serve on this committee:

6. Current occupation:

7. Other volunteer, committee, board, commission experience.
From _____ (Mo/Yr) Organization _____
To _____ (Mo/Yr) Address _____
Type of organization _____ Telephone No. _____
Role: _____

Describe activities and achievements:

If you are still serving in this capacity, do you foresee any conflicts between this committee and the position you currently hold? ___Yes ___No

From _____ (Mo/Yr) Organization _____

To _____ (Mo/Yr) Address _____

Type of organization _____ Telephone No. _____

Role: _____

Describe activities and achievements: _____

If you are still serving in this capacity, do you foresee any conflicts between this committee and the position you currently hold? ___Yes ___No

8. How did you hear about this position?

References: _____

My signature affirms that the information in this application is true to the best of my knowledge. I understand that misrepresentation and/or omission of facts are cause for removal from any advisory committee I may be appointed to. I also understand that I must disclose any actual or potential conflicts of interest by persons appointed by the Policy Board to any committee. All information/documentation related to service on this committee is subject to public records disclosure.

Date: _____ Signature: _____

This document will be made available in an alternate format upon request. Please contact Tyler Deke at 541-693-2113. www.bendmpo.org