



**BMPO** Bend Metropolitan  
Planning Organization

The Bend Metropolitan Planning Organization (MPO) is seeking applicants for 3 positions on the following advisory committee

## BEND MPO BUDGET COMMITTEE

The Bend MPO Budget Committee is established by state 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 or April. Typically, the Committee meets for one afternoon session. More information on the Bend MPO Budget is available on our website at: [www.bendoregon.gov/mpobudget](http://www.bendoregon.gov/mpobudget)

Requirements:

**Applicants should reside within the Bend MPO boundary. (Map Attached)**

Applications are available at online at [www.bendmpo.org](http://www.bendmpo.org) and will be accepted until Thursday, March 14 at 4:00 P.M. Applicants may take part in an interview process, and final selection rests with the Bend MPO Policy Board.

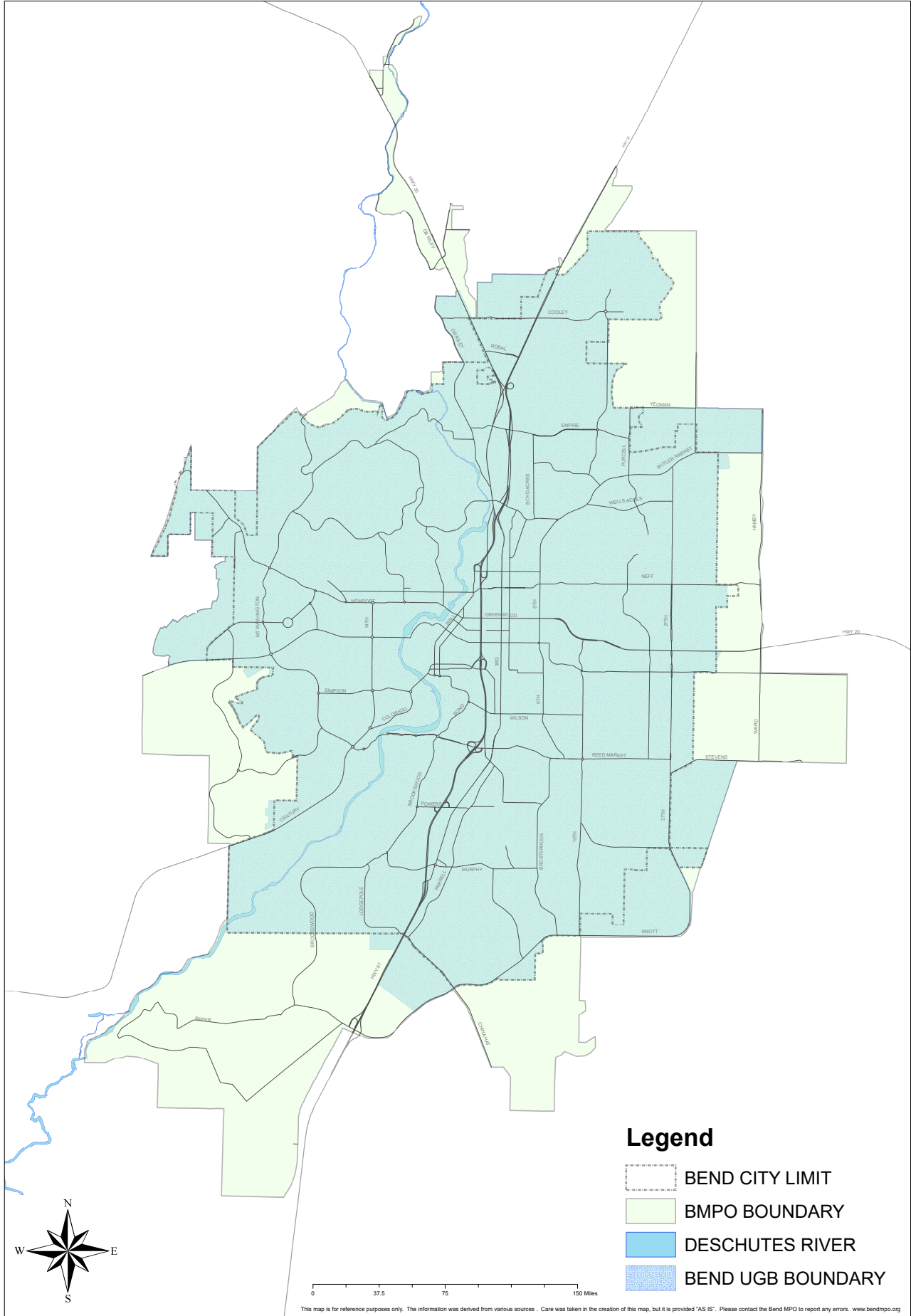
### **EXTENDED DATE FROM 3/7/19 TO 3/14/19 FOR SUBMITTAL OF APPLICATIONS**

Applications can be emailed to Tyler Deke [TDeke@bendoregon.gov](mailto:TDeke@bendoregon.gov) or submitted at Bend City Hall Administration 710 NW Wall Street, Upper Floor, Bend, Oregon.

Bend MPO  
Questions: 541-693-2113  
[tdeke@bendoregon.gov](mailto:tdeke@bendoregon.gov)



# Bend Metropolitan Planning Organization





# BEND MPO BUDGET 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:

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If you are still serving in this capacity, do you foresee any conflicts between this committee and the position you currently hold? \_\_\_Yes \_\_\_No

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From \_\_\_\_\_ (Mo/Yr) Organization \_\_\_\_\_

To \_\_\_\_\_ (Mo/Yr) Address \_\_\_\_\_

Type of organization \_\_\_\_\_ Telephone No. \_\_\_\_\_

Role: \_\_\_\_\_

Describe activities and achievements: \_\_\_\_\_

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If you are still serving in this capacity, do you foresee any conflicts between this committee and the position you currently hold? \_\_\_Yes \_\_\_No

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8. How did you hear about this position?

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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](http://www.bendmpo.org)**