



**Budget Committee: Josephine County  
4-H/Extension Service District**  
**Appointment Request**  
 Submit To: Budget Officer  
 Josephine County Extension Office  
 215 Ringuette St.  
 Grants Pass OR 97527

FOR OFFICE USE ONLY	
Interview:	Yes ____ No ____
Appointed:	Yes ____ No ____
Date Appointed:	_____
Resolution No:	_____

Applying for: Josephine County 4-H/ Extension Service District Budget Committee

Date of Application: \_\_\_\_\_

The District Budget Committee meets annually, typically once, to consider the draft budget prepared by the District Budget officer. Meetings are held on weekdays during regular working hours, between March and June (generally in April). They are scheduled well in advance. Committee members serve three year terms and are not eligible for compensation. *Please note that persons employed by the Josephine County 4-H/ Extension Service District are not eligible to serve on its Budget Committee.*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Home Phone      Work Phone      Cell Phone      E-mail Address

Occupation and Employer: \_\_\_\_\_

May we contact you at work?     Yes       No

Have you ever served on the District Budget Committee before? .....  Yes     No

Is your personal schedule sufficiently flexible to allow you to participate in the Budget Committee meeting?

Yes       No

What days and times are you available? \_\_\_\_\_

On what date would you be available to start? \_\_\_\_\_

*If you have a disability and require accommodations to perform your duties as a Budget Committee member, please contact the Extension District Budget Officer at 541-476-6613 .*

<p>We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital status, sexual orientation, or legally protected status.</p>
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**Relevant Job History:**

**Previous Volunteer/Committee Experience and Community Involvement:**

**Reasons for Service:** (Please describe why you would like to serve on this committee, and what skills or experience you would bring to it.)

**Please describe any Conflicts of Interest that may impact your service on this Committee:**

I hereby authorize Josephine County and/or its 4-H/Extension Service District to contact any source to verify and obtain information in assessing my qualifications, including but not limited to past/present employment, law enforcement agencies and references unless otherwise specified. I certify there are no misrepresentations or falsifications on this application and am aware that any misstatements may cause disqualification of my application. I understand that I may be subject to a criminal records check. I further understand that, irrespective of any criminal records check, the Josephine County 4-H/Extension Service District may decline my application for service at any time. If appointed I agree to serve without reimbursement or compensation.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date