

PRIORITY 1: Here's what I think I could contribute to _____
(Name of board, commission or committee)

I have _____ have not _____ attending a meeting of this board/commission/committee.

PRIORITY 2: Here's what I think I could contribute to _____
(Name of board, commission or committee)

I have _____ have not _____ attending a meeting of this board/commission/committee.

PRIORITY 3: Here's what I think I could contribute to _____
(Name of board, commission or committee)

I have _____ have not _____ attending a meeting of this board/commission/committee.

PRIORITY 4: Here's what I think I could contribute to _____
(Name of board, commission or committee)

I have _____ have not _____ attending a meeting of this board/commission/committee.

Submitted by: _____ Date: _____

Please return this form to the Mayor's Office, 555 Liberty St SE, Room 220, Salem, Oregon 97301 or fax the form to 503-588-6354 or submit your application on line -

www.cityofsalem.net/CityCouncil/BoardsAndCommissions

If you have any questions, please call 503-588-6255.

Voluntary Survey

Board or Commission applied for _____ Date _____

I learned about this opening through: (check the appropriate information)

_____ News Article

_____ Neighborhood Association

_____ Internet Web Site

_____ Board or Commission Member

_____ Radio (on which station?) _____

_____ Organization or Group (please specify) _____

_____ City Employee

_____ Friend

_____ Other

It is the City of Salem's policy to assure that no person shall be discriminated against on the grounds of race, religion, color, sex, marital status, familial status, national origin, age, mental or physical disability, sexual orientation, gender identity and source of income, as provided by Salem Revised Code Chapter 97. The City of Salem also fully complies with Title VI of the Civil Rights Act of 1964, and related statutes and regulations, in all programs and activities. To help us comply with government recordkeeping, reporting, and other legal requirements, to ensure that we are reaching out to our diverse community. Please complete the survey section below. Providing this information is voluntary and it will be kept in a confidential file separate from the application form.

Are you disabled? Yes _____ No _____

If you are disabled, we may seek your views if you feel reasonable accommodations for your disability are necessary to perform the duties of the position.

Ethnic Category (choose only one)

_____ **White** (Not of Hispanic origin), having origins in any of the original peoples of Europe, North Africa or the Middle East.

_____ **Black** (Not of Hispanic origin), having origins in any of the black racial groups of Africa.

_____ **Hispanic**, of Cuban, Mexican, Puerto Rican, Central or South American or other Spanish culture or origin regardless of race.

_____ **Asian or Pacific Islanders**, having origins in any of the original peoples of the Far East, Southeast Asia, Indian Sub continent or the Pacific Islands.

_____ **American Indian or Alaska Native**, having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

Sex: _____ Male _____ Female

Are you: _____ Under 40 _____ Over 40