



Citizens Oversight Committee

Application for Citizens Oversight Committee Member

NAME:	OCCUPATION:
ADDRESS:	Home Phone: Cell Phone: E-mail Address:

Team Member Expectations:

- Recognize that this committee may function for up to five years
- Monthly meetings, possibly decrease in frequency over time
- Participate in Board meetings as needed to provide updates on progress

What contribution do you think you would make to the Citizens Oversight Committee?

What experience do you have related to this type of work?

In order to help us have a well-rounded group, we would like to know what committees or organizations you are involved with.

***Please return this form to Juli Lichtenberger by e-mail, juli.lichtenberger@dsd2.org
or by mail, 111 SW Ash Street, Dallas, OR 97338***