

CITY OF TENINO



City Council/Commission Vacancy Application

(Please type or print clearly)

**Name as
registered:**

**Physical
Address:**

**Mailing
Address:**

Home Phone:

Cell Phone:

Email Address:

How long at Residence:

Best time to contact:

Personal Information (optional):

List any prior experience as an elected official:

List any applicable work experience:

List any applicable experience working with budgets:

Please list three (3) references:

Name:

Address:

Contact Number:

Name:

Address:

Contact Number: _____
Name: _____
Address: _____
Contact Number: _____

Council members make recommendations and decisions that affect the entire community.

- 1.) Do you foresee possible conflicts of interest with any of your current employment or civic positions? Yes *(Please explain on back)* No

- 2.) When making recommendations and decisions do you feel you could be impartial and base your decision on the overall need and benefit of the Community? Yes No *(Please explain on back)*

- 3.) Are there any days or evenings you are unavailable to meet?
 Yes *(Please explain on back)* No

Signature: _____ **Date:** _____

Please return completed form and any additional information to:
City of Tenino – Attn: City Clerk, 149 Hodgden St South, P.O. Box 4019, Tenino, WA 98589
For more information please call (360) 264-2368

Requirements: Must be a resident of Tenino and a registered voter.

Commitment:

- **Two Council meetings per month beginning at 7:30 p.m.**
- **Two workshops per month beginning at 6:30 p.m.**
- **Council Committee meetings as assigned, dates and times vary**
- **Liaison to one City Department**
- **Liaison with outside agencies, dates and times fixed by those agencies**
- **Attend special Council meetings and workshops as needed**
- **Other duties may arise**