



VOLUNTEER APPLICATION

CITY OF HUBBARD

“The Small City with a Big Heart”

3720 2nd Street/P.O. Box 380, Hubbard OR 97032

(503)981-9633 www.cityofhubbard.org

COMMISSION OR COMMITTEE APPLYING FOR: _____

APPLICANTS NAME: _____

MAILING ADDRESS: _____

HOME ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

E-mail Address: _____ CELL PHONE _____

YEARS AS HUBBARD RESIDENT: _____

ARE YOU A REGISTERED VOTER IN THE CITY OF HUBBARD? YES _____ NO _____

OCCUPATION _____

PLEASE MAKE A BRIEF STATEMENT ABOUT WHY YOU WOULD LIKE TO SERVE ON THE COMMISSION OR COMMITTEE FOR THE CITY OF HUBBARD. *(IF YOU NEED MORE SPACE, USE BACK)*

WHAT EXPERIENCE, BACKGROUND, OR SKILLS CAN YOU BRING TO THE COMMITTEE/COMMISSION YOU ARE APPLYING FOR?

IF YOU WISH TO PROVIDE ADDITIONAL INFORMATION, YOU MAY ATTACH YOUR RESUME