

Port of Siuslaw Board of Commissioners  
Application

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone(s) \_\_\_\_\_ Email \_\_\_\_\_

1. \_\_\_\_\_ Are you a registered voter who resides within the Port district?
2. \_\_\_\_\_ Number of year(s) you have lived in the area?
3. \_\_\_\_\_ Would you be able to attend at least 1-2 meetings/ month on Wednesday evenings?
4. \_\_\_\_\_ Are you aware that Commissioners may have to devote considerable time at home for study and analyses of Port issues?
5. \_\_\_\_\_ Can you foresee any potential conflicts of interest that would prevent you from making impartial decisions? If so, please explain \_\_\_\_\_  
\_\_\_\_\_
6. \_\_\_\_\_ Would you be willing to represent the Port at out-of-town meetings?
7. What is your occupation (if retired what was it before retirement)? \_\_\_\_\_
8. What previous port-related experience do you have? \_\_\_\_\_  
\_\_\_\_\_
9. Please give a brief statement explaining why you desire to participate in Port activities and projects. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. Give a brief explanation as to why you should be appointed to the Port Commission. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. What qualifications do you possess that would benefit the Port of Siuslaw? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_