



## **Budget Committee Application**

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112 W. 2<sup>nd</sup> St. PO Box 330 - Phoenix, OR 97535 ph. (541) 535-1955

The Budget Committee consists of the seven City Council members and seven citizens of Phoenix. The Committee meets as necessary during the year and at a minimum must meet each spring to review the budget proposed by the City Manager. The meetings are open to the public and input from the public is received at the meetings. At a typical spring-time meeting, city staff presents financial overviews, highlights changes in programs and costs, and provides information on the City's long-term fiscal outlook.

Budget Committee members can question city staff on financial, programs, and operational matters. The members can suggest and vote on amendments to the proposed budget. The proposed budget as amended by the committee changes is known as the Approved Budget.

The approved budget is referred to the City Council for adoption. A public hearing is held before the City Council. Council can adopt the budget as approved or vote on changes prior to adoption.

Please return this application to the City Recorder, 112 W. 2<sup>nd</sup> St., P. O. Box 330, Phoenix, OR 97535 or [bonnie.pickett@phoenixoregon.gov](mailto:bonnie.pickett@phoenixoregon.gov)

# Budget Committee Application

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## APPLICATION INFORMATION

Name: \_\_\_\_\_  
*Last* *First*

Street Address: \_\_\_\_\_  
*City* *State* *Zip Code*

Mailing Address: \_\_\_\_\_  
*City* *State* *Zip Code*

Telephone Number: \_\_\_\_\_  
*Home/Cell phone* *Work phone*

E-mail Address: \_\_\_\_\_ Years of Residency in Phoenix: \_\_\_\_\_

Occupation: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

## QUESTIONNAIRE

1. Please give a statement indicating the reason you would like to serve on the Bee City USA Subcommittee.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What personal and/or professional experience do you possess that will help you to be a great member for the City of Phoenix? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

3. What do you like best about living in Phoenix? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

4. What one thing would make Phoenix a better place to live? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

5. What is an example of a great city, neighborhood, or another place, and what makes it great?

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6. Are there any particular community development issues that most interest or concern you?

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7. Do you feel as a citizen of the community that you are able to provide objective recommendations to the Parks and Greenway Commission or other boards, as needed? \_\_\_\_\_

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8. Do you feel you have any conflicts of interest that may arise due to your appointment to the Parks and Greenway Commission? \_\_\_\_\_

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9. List any special skills, interests, and hobbies that you believe would bring special value to your ability to serve on this board: \_\_\_\_\_

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10. How did you hear about this position? \_\_\_\_\_

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11. Would you be interested in serving on an advisory board in the future? \_\_\_\_\_

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**OTHER VOLUNTEER BOARD, COMMISSION, OR COMMITTEE EXPERIENCE**

Organization 1: \_\_\_\_\_  
*Name* *Type* *Phone Number*

\_\_\_\_\_ *Address* *Start Date* *End Date*

**Role:** \_\_\_\_\_

If you are still serving in this capacity, do you foresee any conflicts between this board and the position you currently hold?

Yes  No

Organization 2: \_\_\_\_\_  
*Name* *Type* *Phone Number*

\_\_\_\_\_ *Address* *Start Date* *End Date*

**Role:** \_\_\_\_\_

If you are still serving in this capacity, do you foresee any conflicts between this board and the position you currently hold?

Yes  No

**REFERENCES**

\_\_\_\_\_  
*Name* *Phone Number* *Relationship*

\_\_\_\_\_  
*Name* *Phone Number* *Relationship*

\_\_\_\_\_  
*Name* *Phone Number* *Relationship*

My signature affirms that the information in this application is true to the best of my knowledge. I understand that misrepresentation and/or omission of facts are cause for removal from any advisory board, committee or commission I may be appointed to. All information/documentation related to service on this board is subject to public record disclosure.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please return this application to the City Recorder, 112 W. 2<sup>nd</sup> St., P. O. Box 330, Phoenix, OR 97535 or [bonnie.pickett@phoenixoregon.gov](mailto:bonnie.pickett@phoenixoregon.gov)