



CITY OF TOLEDO, OREGON

Volunteer Application  
Toledo City Council

The City of Toledo is an Equal Opportunity Employer  
and does not discriminate

Return to: \_\_\_\_\_

Toledo City Hall  
206 N. Main Street, P.O. Box 220 - Toledo, Oregon 97391  
Phone (541) 336-2247 - Fax: (541) 336-3512  
Hours: 8am to 5pm, Monday - Thursday  
[Website: www.cityoftoledo.org](http://www.cityoftoledo.org)  
[email: administration@cityoftoledo.org](mailto:administration@cityoftoledo.org)

Received by: \_\_\_\_\_

Date: \_\_\_\_\_

TOLEDO CITY ADVISORY POSITION APPLICATION

POSITION TO BE FILLED:

DATE OF FILING:

\_\_\_\_\_

\_\_\_\_\_

NAME OF CANDIDATE:

\_\_\_\_\_

ADDRESS OF CANDIDATE:

EMAIL

TELEPHONE:

\_\_\_\_\_

\_\_\_\_\_

HOME:

WORK:

GENERAL BACKGROUND:

QUALIFICATIONS:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EXPERIENCE:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

COMMENTS OF INTEREST:

WHY SEEKING POSITION:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

COMMUNITY INVOLVEMENT:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**CITY OF TOLEDO  
QUALIFIED ELECTOR/RESIDENCY  
CERTIFICATION**

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I, \_\_\_\_\_, hereby certify that I am currently a qualified elector or that at such time I may be appointed by the City Council, I will be a qualified elector.

I further certify that I live within the incorporated limits of the City of Toledo and will have been a resident of the City of Toledo, Oregon, for twelve (12) months immediately preceding the appointment.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2018.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name