

Board and Commission Membership Application



Applications may be submitted in confidence subject to Oregon public records law. Applications of those recommended for appointment will be included in a public city council meeting.

Name Snyder Last Scott First

Home Address [REDACTED]

Salem OR 97306

City State ZIP Code

Occupation Hotel Manager Business Name The Grand Hotel in Salem

Business Address 201 Liberty St SE

Home Phone [REDACTED] Business Phone [REDACTED]

Email Address [REDACTED] Fax Number _____

I would like to be considered for appointment to one of the following citizen advisory boards/commissions/committees (please list in priority order):

1. CPTAB
2. _____
3. _____
4. _____

Applicants for Senior Center Advisory Committee: ☐ I am 50 or over ☐ I am under 50

Human Rights & Relations Youth Position: ☐ I am at least 15 and not over 21

I have served on the following citizen advisory committees, civic, charitable, or other organizations (include dates & length of service):

CPTAB 7years, 2009-2016

Please explain what you believe you can contribute to each advisory board on which you are interested in serving. Be brief, but be as specific as possible. You are also welcome to attach a resume or any other pertinent information.

PRIORITY 1: Here's what I think I could contribute to CPTAB
Name of Board, Commission, or Committee

I will bring a historical perspective to the group that seems to be diminished due to board member turnover. I believe that the need to re-establish a collaboration for voice for the non profits and the desire to see a return on investment for the City's portion of the T.O.T. is paramount. I would like to be considered to participate again. I think the function of the board is important to the health and livability of community and hotel guests alike.

☒ I have ☐ I have not attended a meeting of this board/commission/committee.

For office use: Ward

Date entered:

PRIORITY 2: Here's what I think I could contribute to _____
Name of Board, Commission, or Committee

☐ I have ☐ I have not attended a meeting of this board/commission/committee.

PRIORITY 3: Here's what I think I could contribute to _____
Name of Board, Commission, or Committee

☐ I have ☐ I have not attended a meeting of this board/commission/committee.

PRIORITY 4: Here's what I think I could contribute to _____
Name of Board, Commission, or Committee

☐ I have ☐ I have not attended a meeting of this board/commission/committee.

Submitted by Scott Snyder Date 9/26/17

Please return this form to the Mayor's Office:

555 Liberty Street SE, Room 220
Salem, Oregon 97301

You may also submit by fax at 503-588-6354,
or online at www.cityofsalem.net/citycouncil/boardsandcommissions.

If you have any questions, please call 503-588-6255.

VOLUNTARY SURVEY

Board, commission, or committee applied for CPTAB Date 9/26/17

I learned about this opening through (check all that apply):

- ☐ News Article ☐ Neighborhood Association ☐ Website ☒ City Employee
- ☐ Board or Commission Member ☐ Radio (which station?) _____
- ☐ Friend ☒ Organization or Group (please specify) Travel Salem
- ☐ Other _____

It is the City of Salem's policy to assure that no person shall be discriminated against on the grounds of race, religion, color, sex, marital status, familial status, national origin, age, mental or physical disability, sexual orientation, gender identity and source of income, as provided by Salem Revised Code Chapter 97. The City of Salem also fully complies with Title VI of the Civil Rights Act of 1964, and related statutes and regulations, in all programs and activities. To help us comply with government recordkeeping, reporting, and other legal requirements, and to ensure that we are reaching out to our diverse community, please complete the survey section below. Providing this information is voluntary, and it will be kept in a confidential file separate from the application form.

Are you disabled? ☐ Yes ☒ No

If you are disabled, we may seek your views if you feel reasonable accommodations for your disability are necessary to perform the duties of the position.

Ethnic Category (choose only one)

- ☐ **White** (not of Hispanic origin), having origins in any of the original peoples of Europe, North Africa or the Middle East.
- ☐ **Black** (not of Hispanic origin), having origins in any of the black racial groups of Africa.
- ☐ **Hispanic**, of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin regardless of race.
- ☐ **Asian or Pacific Islanders**, having origins in any of the original peoples of the Far East, Southeast Asia, Indian Subcontinent or the Pacific Islands.
- ☐ **American Indian or Alaska Native**, having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

Sex: ☒ Male ☐ Female

Are you: ☐ Under 40 ☒ Over 40