

**CITY OF WHEELER
PUBLIC SERVICE APPLICATIONS**

Date: _____

Name: _____

Physical Address: _____

Mailing Address: _____

Email Address: _____

Phone Number: _____

Position Applying For: _____

Length of Full-Time Residency: _____

Are you a registered voter in Wheeler? _____

Occupation: _____

Past Public Service: _____

What time of day are you available to meet? _____

Why do you wish to serve in this position? _____

You will be notified before the City Council meeting at which the Council will consider applications. You should plan to attend the meeting to answer any questions.

Please email completed forms to volunteer@ci.wheeler.or.us

Thank you for your interest in serving the City!