



**APPLICATION FOR APPOINTMENT  
TO FILL VACANCY ON  
SELAH CITY COUNCIL**

Have you lived within the Selah City limits for the last year or more? [ ] Yes [ ] No

Are you a registered voter? [ ] Yes [ ] No

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone Numbers: Primary: \_\_\_\_\_ Secondary: \_\_\_\_\_

Email: \_\_\_\_\_

Professional Experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Government or Non Profit Experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any other training or experience, you possess, that would be beneficial to a member of the City Council: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is your motivation in applying for a City Council position? What do you hope to accomplish?

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List below 3-5 priorities or policies that you are interested in effecting or changing as a new council member:

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If you are you restricted from meeting at certain times during the day or evening, Monday – Friday please list them below.

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