



Board Member Application
Term: March 18, 2025 -June 30, 2025

Name _____ Date: _____

Address: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

Are you a resident of our district? _____ Are you a registered voter? _____

Why do you want to serve on the (District Name) Board?

Describe past experiences or positions held that would assist you as a board member.

Outline strengths, abilities and talents that you would bring to the board.

In your opinion, what is the most important role of a board member?

****Attach additional sheets if needed****

If appointed, would you be able to serve until June 2025? _____

Are you interested in serving a full term from July 2025 to June 2029? _____

Please submit your application to: Dave Lapof, Fire Chief
Siletz Valley Fire District
149 Buford Ave
PO Box 380
Siletz, OR 97380
dlapof@siletzfire.com or 541-272-1958