

STATE OF OREGON  
PESTICIDE ANALYTICAL RESPONSE CENTER  
PUBLIC MEMBER APPLICATION & QUALIFICATION FORM

This form will assist the Oregon Department of Agriculture Director and Oregon Health Authority Director in evaluating the qualifications of applicants for appointment as the public member to the Pesticide Analytical Response Center Board. Functions of the PARC Board are identified in Oregon Revised Statutes, Chapter 634.500. Information about PARC may be obtained at <http://www.oregon.gov/ODA/PEST/Pages/parc.aspx> .

You may apply at any time, regardless of whether there is a current opening, as resignations may occur throughout the year. Submission of an Application & Qualification Form does not mean that you will automatically be contacted; we will however, acknowledge the receipt of your form. If you are being actively considered for appointment, you will hear from the PARC Board Administrator directly.

Please complete the following information and mail or fax the Application & Qualification form to:

Pesticide Analytical Response Center  
Attention: Ray Jaendl, PARC Board Administrator  
Oregon Department of Agriculture  
635 Capitol Street NE  
Salem, Oregon 97301  
(503) 986-4635  
Fax (503) 986-4735

**PERSONAL DATA**

Preferred Mailing Address: Home  Business   
 Preferred Title \_\_\_\_\_ (e.g., Mr., Mrs., Ms., Dr., etc.)  
 First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_  
 Home Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_  
 United States Citizen: Yes  No  Oregon Resident: Yes  No   
 Spouse/Domestic Partner's Name (optional) \_\_\_\_\_  
 Business Name \_\_\_\_\_  
 Business Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ ext \_\_\_\_\_  
 Cell Phone (optional) \_\_\_\_\_ E-mail address \_\_\_\_\_

To assist us in meeting our affirmative action objectives, we would appreciate information about your gender and background. This information is optional. Under state and federal law, this information may not be used to discriminate against you.

<i>Gender</i>	<i>Race/Ethnicity</i>		<i>Disability</i>
<input type="checkbox"/> Male	<input type="checkbox"/> Asian	<input type="checkbox"/> Native American	
<input type="checkbox"/> Female	<input type="checkbox"/> Black	<input type="checkbox"/> White	
	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Multiracial/Other	

**Background Information:**

Are you currently serving on a state board or commission other than this one? Yes or No. If yes, please list.


Please list all organizations in which you have held memberships and the number of years.


**EDUCATION** Schools attended, include high school. *A current resume may be substituted for this section.*

<b>School</b>	<b>City &amp; State</b>	<b>Dates</b>	<b>Degree/Major</b>

**EMPLOYMENT & EXPERIENCE** List major paid employment & significant volunteer activities. *A current resume may be substituted for this section.*

<b>Dates (from – to)</b>	<b>Employer/Organization</b>	<b>City, State</b>	<b>Title/Position</b>

**INTEREST IN APPOINTMENT** Describe in detail why you are interested in serving on this particular board and what you feel you can contribute to meet the functions of the board. Include information about your background and how you meet the requirements for the position (s) being sought. *You may complete this section on a separate sheet.*

One area of inquiry will be whether you or your spouse/domestic partner may have a conflict of interest between private life and public service. Please identify any potential conflicts of interest by serving on the board.

I will accept appointment if selected by the Directors of ODA/OHA and if appointed, I pledge my best efforts to resolve, before assumption of office, any conflicts of interest that would be inconsistent with my responsibilities as a PARC Board public member appointee.

Signature \_\_\_\_\_

Date \_\_\_\_\_