

**SUNRIVER SERVICE DISTRICT  
MANAGING BOARD APPLICATION FORM**

This is an application to be a member of the Sunriver Service District Managing Board for a term beginning 09/01/2026 and running through 08/31/2029. Your application will be considered by the Board's Nominating Committee and if your application is selected you will be interviewed by members of the Committee. The Nominating Committee's recommendations will be reported to the District Managing Board and referred to the Deschutes County Commissioners (The Governing Board) for ratification.

**Applicant Information:**

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

Phone/Text Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Mailing Address:

Sunriver Resident:                    YES \_\_\_\_ NO \_\_\_\_

Sunriver Owner:                    YES \_\_\_\_ NO \_\_\_\_

Other: (i.e. business owner) \_\_\_\_\_

Sunriver Physical Address \_\_\_\_\_

**Questions:**

1. Why do you wish to serve on the Sunriver Service District Managing Board?

2. Have you participated in any Sunriver area governing bodies, committees, clubs, or non-profit organizations (If so please describe)?

3. Is there anything in your educational background, your professional experience, or other aspects of your life that you feel would help make you an effective Board member?

4. Have you had any law enforcement or public safety related experience, either professional or volunteer? An answer of “no” will in no way disqualify you as a candidate for the Board.

Please attach a resume or C V to this application, should you feel it appropriate.

Please read the attached excerpt from the Sunriver Service District Board Overview dealing with “ETHICS”. By signing below, you acknowledge that you have read the document and agree to comply with its terms.

Applicant also acknowledges that the District will require a background check on the applicant should the application be selected to move forward in the process. A background check may not be required for Current SSD Board members applying to serve an additional term.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Date: \_\_\_\_\_

Submit application form:

Email: [ssdadmin@sunriversdor.gov](mailto:ssdadmin@sunriversdor.gov)

Mail: PO Box 2108, Sunriver, OR 97707

Drop off in person: Sunriver Public Safety Building, 57475 Abbot Drive, Sunriver