



Employment Application | Submitted: 16-Nov-2025

AAA

Lorraine Churchill

Parks Advisory Committee

  
USA

**Job Location** - St Helens, OR  
**Department** - Parks, Forests and Recreation

#### Admin Uploaded Files

There are no admin uploaded files for this applicant.

#### Documents

There are no documents for this applicant.

#### References

Please list two people who may be contacted as references who know about your interest and qualifications to serve in this volunteer capacity.

*Note: If you are unable to provide a phone number, you will need to enter 000-000-0000. If you are unable to provide an email address, you will need to enter noreply@noemail.com*

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Terry Bigej



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Dr Alyson Lighthart



Additional Questions

Applicant Information

Question	Answer	Disqualifier?
If selected, how do you prefer to receive documents? *	Email	
Are you a resident of Columbia County? *	Yes	
If no, please describe your affiliation with Columbia County.	I'm a resident	
Please list all current and past volunteer activities. *	Oregon Disaster Medical Team Oregon State Fire Marshal IMT Columbia County SAR Cycle Oregon Emergency Media Public Affairs Washington Center of Excellence for Homeland Security and Emergency Management	
Please describe why you are interested in serving on this committee or commission. *	I love our parks, outdoor and recreational areas	
Availability - Meetings are held on a periodic basis. Are you able to commit to the frequency of the meeting schedule? *	Yes	
Availability - What time schedule works best for you? *	Mornings, Afternoons, Weekdays, Weekends	
Availability - What days work best for you? *	Fri, Sat, Sun	

**Please list potential conflicts of interest between your personal life and public services which might result from service on this committee or commission.**      None I can think of

**Anything else you would like to add to your application which would assist in the decision making?**      Happy to help- let me know how  
Thanks!

**Applicant Statement**

I declare that all statements and answers in this application are true and complete and agree that any untrue or misleading answer, omission, concealment or failure to answer any questions fully, completely and accurately may be grounds for ending my volunteer services, regardless of when it is discovered. By completing this application, I give the County the permission to validate some of my answers with the appropriate authorities/institutions.

I authorize the County or its agents to investigate my references and to keep and preserve records of such investigations. Additionally, I release all parties from liability for any damage that may result from furnishing information to the County or its agents.

By submitting this application form, I acknowledge the following: I hereby volunteer my services to assist Columbia County in the accomplishment of its authorized services. I understand that my services as a volunteer will be governed by the Volunteer Services Agreement which will be provided to me.

I agree to the above.

**Signature:** Lorraine Churchill

**Date:** 2025-11-16 08:09:03pm

**IP Address:** 67.170.155.5

Wet Signature:



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Signature

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Date