



Employment Application | Submitted: 06-Jan-2026

AAA

Nicolle Tasoulas


USA

Citizen Transportation Advisory
Committee

Job Location - St Helens, OR
Department - Transit

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

Denise Watson

Phone: 
Email: noreply@noemail.com

Angela Rose



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.	This question was not answered.	
Please list all current and past volunteer activities. *	Church functions	
Please describe why you are interested in serving on this committee or commission. *	Would like to get more involved in my community	
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? *	Afternoons	
Availability - What days work best for you? *	Tue, Wed, 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.	I work M-T 4 10's I would just need prior notice to make arrangements to be at any in person meetings	
Anything else you would like to add to your application which	Not that I can think of.	

would assist in the decision making?

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: Nicolle Tasoulas

Date: 2026-01-06 09:40:25am

IP Address: 71.34.103.214

Wet Signature:



Signature

Date