



DESCHUTES COUNTY COLLEGE APPLICATION, CLASS OF 2016

(If needed, please attach additional pages to complete this form)

Name:		
Mailing Address:		
City:	State:	Zip:
Home Phone:	Work Phone:	
E-mail Address:		
How long have you lived in Deschutes County?		
Personal History: Please tell us a little about yourself (i.e. accomplishments, interests, community involvement):		
Please tell us what you hope to learn as a participant of County College and how you anticipate using the information:		
Are you a current or past member of any Deschutes County advisory boards? If yes, please list:		
Are you a Deschutes County employee? If yes, which department do you work in?		

Applicant Personal Commitment: If selected, I will devote the time necessary to meet graduation requirements by attending at least eight (8) of the sessions. Once graduated, I will act as an ambassador by sharing my knowledge with other Deschutes County residents. I understand that photographs of the class will be taken and give my permission for Deschutes County to use these for whatever purpose(s) deemed appropriate. The photographs will become the property of Deschutes County with the understanding there is no remuneration.

Applicant's Signature: _____ **Date:** _____

Please send your completed application to:
Deschutes County Administration
ATTN: County College/Whitney Hale
whitney.hale@deschutes.org

P.O. Box 6005
Bend, OR 97708
Fax: (541) 385-3202

NOTE: For the safety of all participants, a background check will be conducted on all County College participants. Applicants who are selected for County College will be contacted to supply additional information needed to complete the background investigation.



Deschutes County encourages persons with disabilities to participate in all programs and activities. To request this information in an alternate format please call (541) 617-4747, or send email to ken.harms@deschutes.org