

Oregon State Weed Board

At Large Board Position Interest Form



Noxious Weed Control Program
503.986.4621

The Oregon State Weed Board was created within the State Department of Agriculture. The board shall consist of seven members appointed by the Director of Agriculture per ORS 569.600 to 560.620. This seven-member board represents noxious weed control interests from across the state. The primary mission of the board is to guide statewide noxious weed control priorities and to award noxious weed control grants from OWEB lottery funds. The board also develops and maintains the state noxious weed list. The term of each member is 4 years. A member is eligible for re-appointment.

To which Oregon State Weed Board position are you interested in applying?

Weed Board position for a resident of the state east of the Cascade Mountains.

Weed Board position for a resident of the state west of the Cascade Mountains.

Applicant Information

Applicant Name:					
Affiliation:					
Occupation:	Retired	Other:			
Mailing Address:					
City:		State:		Zip:	
Phone Number:			Cell or Alternative Number:		
Email:					
Applicant Signature:					

By signing above, you certify that:

- All of the information on this form is true;
- You are a legal citizen of Oregon and the United States of America;
- You will accept the appointment to the Oregon State Weed Board (OSWB) if selected by the Director of Oregon Department of Agriculture;
- You have an email address and are able and willing to check your email on a regular basis;
- You will be able to attend two scheduled meetings/ year in-person or by conference call

Statement of Interest

Why you are interested in being in a board position on the Oregon State Weed Board?

Experience / Background

Please describe your experience, skills, or abilities to successfully represent the Oregon State Weed Board?

Applicant Name:	
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References

Please identify two references that may be contacted if you are selected as a top candidate. Individuals or representatives of associations/organizations are acceptable.

Reference 1

Name:					
Affiliation:					
Mailing Address:					
City:		State:		Zip:	
Phone Number:		Cell or Alternative Number:			
Email:					

Reference 2

Name:					
Affiliation:					
Mailing Address:					
City:		State:		Zip:	
Phone Number:		Cell or Alternative Number:			
Email:					

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

Race/Ethnicity: (select one)

African American/Black

American Indian/Alaskan Native

Asian

Caucasian/White

Hispanic/Latino

Native Hawaiian/Pacific Islander

Multi/Other

Gender Identity: _____

LGBTQ:

Disability: _____

Please send your completed interest form via email to: tristen.berg@oda.oregon.gov or by mail to:

Oregon Department of Agriculture
Attn: Tristen Berg, OSWB
Oregon Department of Agriculture
635 Capitol St NE
Salem, OR 97301

**Interest forms must be completed and returned by email or post-marked
by November 30, 2022 to be considered.**