



**Oregon State Weed Board
Eastern Oregon At Large
Board Position
Interest Form**



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.

- **Current position is for a resident of the state east of the Cascade Mountains.**
- **The term of each member is 4 years. A member is eligible for re-appointment.**

Applicant Information					
Applicant Name					
Affiliation					
Occupation	<input type="checkbox"/> Retired	<input type="checkbox"/> Other			
Mailing Address					
City		State		Zip	
Phone Number		Cell or Alternate Number			
Email					
Applicant Signature				Date	

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 Coordinating Council on Ocean Acidification and Hypoxia (OAH) if selected by the Oregon State Board 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 scheduled meetings in-person or by conference call

Statement of Interest

Use the space below to share why you are interested in being in a board position on the Oregon State Weed Board?

Experience/Background

Please describe any work experience and/or involvement that has provided you with knowledge, 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 Alternate Number			
Email					

Reference #2

Name					
Affiliation					
Mailing Address					
City		State		Zip	
Phone Number		Cell or Alternate 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)*

- | | |
|---|---|
| <input type="checkbox"/> African American/Black | <input type="checkbox"/> Hispanic/Latino |
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Native Hawaiian/Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Multi/Other |
| <input type="checkbox"/> Caucasian/White | |

Gender Identity: _____ LGBTQ: ☐ Disability: _____

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

Tristen Berg, Noxious Weed Grant Coordinator
Oregon Department of Agriculture

Interest forms must be submitted by May 30, 2025 to be considered.