

Otter Rock Pilot Marine Reserve Community Working Group Application

Applicant's Full Name:

Residence Address:

Is this a full or part time residence?

City:

State:

Zip:

Mailing address:

City:

State:

Zip:

Phone Number:

Cell Phone:

E-mail address:

The goal of creating these working groups is to represent a diverse collection of Oregon ocean users/stakeholders to insure that all user/stakeholder groups and impacted coastal communities have a voice in the decisions regarding management and implementation of the designated Otter Rock Pilot Marine Reserve. As a Community Working Group member, your main task will be to represent the coastal cities, communities, and neighborhoods from South Beach to Salishan; the Oregon ocean users of those communities; and your user/stakeholder group.

Which Community Working Group(s) do you wish to join? Circle all that apply;

Social & Economic

Education/Outreach/Compliance

Scientific/Biological

Why did you select that group(s)?

Could you be the chairperson or co-chairperson of one of these groups? Which?

What user/stakeholder group do you represent? Circle all that apply;

Local Government

Recreational Ocean User

Recreational Fishing

Charter Fishing

Commercial Fishing

Nonfishing Industry

Marine Scientist

Avian Scientist

Social Scientist

Economist

Economic Development Specialist

Education

Interested Citizen

Other (please specify)

Describe your participation within the above circled user/stakeholder group(s)?

The initial term for the Otter Rock Community Working Groups is two years. Can you commit to a two-year term?

What is your opinion regarding Marine Reserves?

Why are you interested in serving on one of the Community Working Groups?

How familiar are you with the resources (biological and physical), existing uses, and/or local communities and economies associated with the Otter Rock site and/or immediate ocean area?

What skills and background do you have that will benefit the Community Team?

Other information or comments:

I certify that all of the statements made in this application are true, correct, and complete, to the best of my knowledge and are made in good faith. If submitting electronically, by typing your name below, you certify that the statements made on this application are true and accurate.

Applicant Signature

Date

All applicants must submit a completed application to Depoe Bay City Hall, P.O. Box 8, Depoe Bay, OR, 97341, by 5:00 pm, Tuesday, June 1st, 2010, either by mail or applications may also be dropped off at the Depoe Bay City Hall. Applications may be typed or hand written, please write "Working Group Application" on the outside of the Application form/envelope. All applications must be completed in full in order to be reviewed for selection. Applicants will be advised of selection.