



Beef Council Commissioner Application & Qualification Form

Note: This application is subject to the Public Records Act; it may be disclosed upon request. Personal information will be redacted.

Fill out this form on your computer, print, and sign. Then scan and submit via email (or postal mail). If using an electronic signature, do not lock the PDF. ODA must be able to add signatures and dates to the PDF.

- **Email (preferred):** Commissions@oda.oregon.gov
- **Mail:** ODA Commodity Commission Oversight Program, 635 Capitol St NE, Salem, OR 97301-2532
- **Provide** information that the ODA Director will use to make her decision; add extra pages as needed. All applicable fields must be complete for your application to be considered.
- **Attach** letters/emails of support, if any.

ALL APPLICANTS - Please check here if applying for reappointment

Position number required. Available at: https://oda.direct/commissions Public position has no number.				
Application position # _____	<input type="checkbox"/> Beef Producer	<input type="checkbox"/> Beef Handler	<input type="checkbox"/> Beef Feeder	<input type="checkbox"/> Dairy Producer <input type="checkbox"/> Public
<p>Oregon Beef Council members serve from specific occupations defined as follows: Beef Producers raise, breed or grow cattle or calves for beef production. Dairy Producers are engaged in the production of fluid milk on a dairy farm. Handlers are actively engaged in processing, slaughtering, handling or marketing cattle. Feeders are actively engaged in feeding cattle and usually operating a feedlot. Public member is a person not associated with producing, feeding or handling cattle who has an active interest in the positive economic development of the beef industry.</p>				
Applicant legal name				
Business name				
Occupation/your title		Years in this industry		
Provide all information below. ONLY check the boxes for the mailing address and phone you prefer we use.				
<input type="checkbox"/> Business address	City	State	Zip	
<input type="checkbox"/> Business phone	<input type="checkbox"/> Business cell phone			
<input type="checkbox"/> Home address	City	State	Zip	
<input type="checkbox"/> Home phone	<input type="checkbox"/> Home cell phone			
E-mail				
County(ies)of business		County of home		
United States Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Are you currently serving on a state board or commission other than this one? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, please list: _____				

BEEF PRODUCER, DAIRY PRODUCER or HANDLER APPLICANTS ONLY

Have you been actively engaged as a beef or dairy producer or a handler for at least 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you derive a substantial proportion of your income from the type of production or business related to the position you are applying for on the Oregon Beef Council ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Per ORS 577.220, please list all organizations that represent the beef production or business, or public service organizations, in which you have held memberships, your role, and the number of years. Have more to list? Add them to question #2 on the next page.	
	years
	years
	years



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OREGON BEEF COUNCIL	Position # _____ <input type="checkbox"/> Beef Producer <input type="checkbox"/> Handler <input type="checkbox"/> Feeder <input type="checkbox"/> Dairy Producer <input type="checkbox"/> Public
Applicant legal name	

PUBLIC MEMBER APPLICANTS ONLY - Fill out section below.

Are you associated with the production or handling of the commodity? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain how (feel free to attach an additional page if necessary):

ALL APPLICANTS - To assist the ODA Director's decision, provide the following information: add extra pages as needed.

1. Your professional background and years of relevant work experience:
2. Continuing from the first page, list any additional agricultural organizations you belong to whose central mission is relevant to Oregon's beef industry, your role, and number of years involved:
3. Ranching, farming, marketing, research or educational experiences you bring as a commissioner:
4. Tell us about the type of production or processing practice(s) you use and any innovative practices:
5. Previous and/or current government service:
6. ORS 576.225 requires commissions to have an "active interest in the positive development of the beef industry in Oregon." Please explain your active interest and goals for Oregon's beef industry:



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Applicant legal name	

ALL APPLICANTS - Please answer the following questions:

1. Have you ever been convicted of any criminal offense or violation (except for minor traffic offenses?) Yes* No
2. If you have held a professional license, have you ever had disciplinary action of any nature taken against you regarding such license? Yes* No
3. If you are appointed, is there anything in your background that might reflect poorly on the State of Oregon or on the Commission to which you have applied, if known publicly? Yes* No
**If you answer "yes" to any of questions 1-3, give full details on a separate sheet of paper.*
4. Will you complete, in a timely manner, online training on State of Oregon policies, including but not limited to the mandatory training on sexual harassment and discrimination prevention policies? Yes No
**If you answer "no" to question 4, please use a separate sheet of paper to explain.*
5. If appointed and you meet income-level qualifications, you will be eligible to claim a stipend for each day on official commission business. Are you willing, on a separate form, to check a box to indicate whether your adjusted gross income reported during the previous tax year is less than \$50,000 (or less than \$100,000 if filing jointly)? Yes No

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: Yes No

✓ Please print, sign, date, and scan. Return form via email (preferred) or postal mail. See page 1.

By signing this form, I hereby state that all information provided by me on this form is true to the best of my knowledge and I will accept appointment if selected by the ODA director.

Legal signature:	Date:
Printed legal name:	
<p>American with Disabilities Act (ADA): This information is available in alternative formats. Call 541-656-8951. The Oregon Department of Agriculture's Commodity Commission program provides equal opportunity to all applicants without regard to race, color, sex, national origin, religion, age, disability or genetic information.</p>	

THIS AREA FOR ODA USE ONLY (2/22)

Program initial and date _____

Application: Incomplete

Meets qualifications: Yes No

Appointed to commission

Not appointed to commission

Director's signature/date