



**CITY OF SHADY COVE**  
22451 Highway 62 • P.O. Box 1210 • Shady Cove, OR 97539  
Phone: 541.878.2225 • Fax: 541.878.2226

**APPLICATION FOR COMMISSION OR COMMITTEE**

PLEASE PRINT

DATE: 3-9-2026 POSITION APPLIED FOR: Budget Committee

APPLICANT INFORMATION

Name: Debbie Glass Collier

Physical Address:

City: Shady Cove

State: OR

Zip: 97539

Mailing Address: (same)

City:

State:

Zip:

Home Phone:

Cell Phone:

Email Address:

Current Occupation:

(If retired or unemployed, state your general or past profession.)

Retired

How long have you lived in Shady Cove?

8 years

How long have you lived in Jackson County?

8 years

Are you available to attend both daytime and evening meetings when necessary?

Are you an employee of the City of Shady Cove, an occasional or potential contract employee, or do you have any other real or potential conflict of interest in working or serving in this capacity?

Yes

No

If yes, please describe:

QUALIFICATIONS

I believe that I am qualified for and should be considered for the above position(s) for the following reasons (continue on next sheet if necessary):

- I have served on the budget committee the last 3 years, providing a background on the current city budget issues
- 30+ years creating & managing multi-million dollar budgets, including public sector
- Masters degree in Community Health Care Systems with electives in public administration

Qualifications continued (if necessary):

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Please use this space to summarize why you are applying for this position:

I enjoy the problem solving required to create realistic budgets

Please use this space to add any additional information you would like to share:

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By signing this application, electronically or otherwise, I affirm that all information included is true and accurate to the best of my knowledge. I authorize the City of Shady Cove to publically review and discuss the information provided herein and to assist in responding to any questions asked which are relevant to this position.

Signature of applicant

Shirley Glass Collins

Date

3-9-2026

**How to Submit:**

- By email: [jedwards@shadycove.org](mailto:jedwards@shadycove.org)
- In person: City of Shady Cove, City Hall, 22451 Highway 62. Monday through Friday, 8:00 AM to 5:00 PM
- By mail: P.O. Box 1210, Shady Cove, OR 97539
- By fax: 541.878.2226

**Questions?**

Call City Hall at 541.878.2225 or send an email to the email as listed above.

**CITY OFFICE USE ONLY**

DATE RECEIVED

INITIALS

*The City of Shady Cove is an Equal Opportunity Provider.*