



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

received  
3/9/26

APPLICATION FOR COMMISSION OR COMMITTEE



PLEASE PRINT

DATE: 3/8/26 POSITION APPLIED FOR: Budget Committee

APPLICANT INFORMATION

Name: Cheryl E. Singleton

Physical Address: /

City: Shady Cove State: OR Zip: 97539

Mailing Address: same as above

City: / State: / Zip: /

Home Phone: N/A Cell Phone: /

Email Address: -

Current Occupation: Retired - Engineering  
*(If retired or unemployed, state your general or past profession.)*

How long have you lived in Shady Cove? 1 3/4 yrs

How long have you lived in Jackson County? 18 1/2 yrs total (on & off)

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

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):*

Have served as treasurer for many non-profit volunteer organizations since retiring. Been involved in the budgeting process for many large events, as both a team member and sole responsible person. Also have strengths in data collection & forecasting. Able to review numbers objectively & analyze information pertaining to the task at hand.

Qualifications continued (if necessary):

Blank lined area for qualifications.

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

My interest in applying for this position is as follows: Have a sincere desire to see this city have a reasonable & fiscally responsible budget. Would like to have a part in helping the city move forward in a manner which the Shady Cove citizens would like to be a part of.

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

I have an interest in transparency & accountability, long term financial stability, & a commitment to responsible use of public funds.

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: [Handwritten Signature] Date: 3/8/26

How to Submit:

- By email: 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.