City of SHADY COVE
small town, BIG ADVENTURES

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: 10/23/2026 POSITION APPLIED FOR: Budget Committee Member

APPLICANT INFORMATION

Name: Carlana Lovick

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

How long have you lived in Shady Cove? 12 years

How long have you lived in Jackson County? 12 years

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):*

I have experience budgeting from previous positions that I have held. I worked for a non-profit organization running 78 government subsidized housing units and was required to submit budgets and adhere to those budgets for HUD and USDA Rural Development. These budgets were non-profit format. I also owned and operated a commercial printing business for 25 years. I maintained the business's financial stability by creating our yearly budget (based on profit and loss).

Qualifications continued *(if necessary):*

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

I am applying for this position because I feel I have skills and experience that I could utilize and offer to City of Shady Cove.

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

Reading over some of the financial issues this city is facing, I feel that the city really needs help to navigate through the fiscal deficit that seems to have caused so many problems. Compliance with county, state and federal requirements is key to solving fiscal problems. I believe I could offer skills and experience that will help.

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 Carlana Lovick Carlana Lovick Date 10/23/26

How to Submit:

By email:	jcurry@shadycove.org
In person:	City of Shady Cove, City Hall, 22451 Highway 62. Monday through Friday, 8:00 AM to 4:00 PM
By mail:	P.O. Box 1210, Shady Cove, OR 97539
By fax:	541.878.8204

Questions?
Call City Hall at 541.878.2225 or send an email to Jeannine Curry as listed above.

CITY OFFICE USE ONLY

DATE RECEIVED INITIALS

The City of Shady Cove is an Equal Opportunity Provider