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City of SHADY COVE
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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: 11-02-2026 POSITION APPLIED FOR: Budget Committee

APPLICANT INFORMATION

Name: Daniel (Dan) W. Johnson

Physical Address:

City: Shady Cove State: Oregon Zip: 97539

Mailing Address: –

City: Shady Cove State: Oregon Zip: 97539

Home Phone: N/A Cell Phone: – – – –

Email Address:

Current Occupation:
(If retired or unemployed, state your general or past profession.) Retired - SOS Alarm 39 years - one month-one day

How long have you lived in Shady Cove? 36 years

How long have you lived in Jackson County? 69 years - All of my Life

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)*:

Now that I am retired and after attending several City meetings. I want to participate in how the City receives and spends the money it has or doesn't have.

Qualifications continued *(if necessary)*:

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

I am currently thinking about applying for the Planning Commission and feel being on the budget committee would help me understand where the city finances stand at.

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

I was married for 28 years (she passed away in 2016) I am a member of Southern Oregon University "Hall of Fame" (football). I served a two year term as a trustee at Shady Cove Moose.

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	Date
Daniel W Johnson	11-02-2026

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