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| King CountyApplication Form for Citizens Election Oversight Committee(A resume may be submitted in addition to a completed application form) | L:\COMMUNICATIONS\Logos\KClogo_v_bw_m.tiff |

***PLEASE NOTE: Information provided on this form will be a public record subject to free and open examination by any person under the Washington State Public Records Act (RCW 42.56.250). However, while we will disclose the applicant’s name, the applicant’s address, phone number and email address will be redacted.***

Thank you for your interest in serving on the King County Citizen’s Election Oversight Committee. Individuals selected to serve on a King County board or commission will also be required to complete a King County Ethics Program Financial Disclosure Form within two weeks of being nominated to serve on a King County board or commission. Individuals appointed to serve on a board or commission that is overseen by an agency independent of King County government are exempt from the financial disclosure filing requirement.

## Name:

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## Preferred Contact Information:

|  |  |
| --- | --- |
| Address |  |
| City, State, Zip Code |  |
| Home Phone |  |
| Work Phone |  |
| Cell Phone |  |
| Email Address |  |

## Position you are applying for:

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## If you are applying for a position where you would be the representative of an organization (all positions except positions representing language minorities and registered voters), please provide a written statement by the entity designating you as their representative on the CEOC (this can also be provided as an attachment):

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## King County Council District *(Please type an “X” in the box to the right of your district*)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 |  | 2 |  | 3 |  | 4 |  | 5 |  | 6 |  | 7 |  | 8 |  | 9 |  | Don’t Know |  |

## Please explain why you feel you are the most qualified candidate for this position.

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## Have you served on the CEOC previously? If yes, please note the dates and the number of terms, and whether you have served in a leadership position:

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## Please share how you meet the qualifications required to be a CEOC Member as listed here:

1. **A working knowledge of local or state government elections operations and management, demography, technology and organizational management.**

**2. A strong commitment to an accountable, transparent, well-managed and efficient elections operation in King County.**

**3. A willingness to commit the time necessary to attend committee meetings and activities such as observing elections.**

**4. A nominee or appointee to the committee shall not hold elective public office or be a candidate for election to public office, other than as a precinct committee officer. (Do you hold an elective office?)**

**5. Good oral communication skills as well as interpersonal skills and ability to work well in a group situation.**

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|  **Are you able and do you commit to fulfilling the responsibilities of membership as outlined in the CEOC Qualifications and Responsibilities document?**  |

## PERSONAL INFORMATION (OPTIONAL)

The King County Council and the King County Executive are committed to inclusiveness and outreach to all King County residents to ensure that King County boards and commissions are reflective of the community we serve. Providing information in the section below is voluntary but will assist in achieving this goal.

**Race/Ethnicity**

|  |  |
| --- | --- |
| Race/Ethnicity: |  |
| Gender: |  |
| Sexual Orientation: |  |

**Do you have a disability as defined by the Americans with Disabilities Act? *(Please type an “X” in the boxes that apply to you)***

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

**Generation Range:**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 30 or younger |  | 31-41 |  | 42-52 |  | 53-63 |  | 64-74 |  | 75 or older |  |

## Person to Notify in Case of Emergency (OPTIONAL)

|  |  |
| --- | --- |
| Name |  |
| Home Phone |  |
| Work Phone |  |
| Cell Phone |  |

## Agreement and Signature

### By submitting this application, I affirm that the facts set forth in it are true and complete to the best of my knowledge.

|  |  |
| --- | --- |
| Name *(typed or signature)* |  |
| Date |  |

## Please return completed form to:

## *(You can either mail your completed form to us; scan your completed form then email it to us as a PDF attachment; or after filling out the form and typing your name on the signature line, save the completed form to your hard drive and then attach the completed form to an email.)*

Sam Porter

Council Central Staff

516 Third Avenue, Suite 1200

Seattle, WA 98104

Direct Line: 206-263-9206

Email: Samantha.Porter@kingcounty.gov

**This material is available in alternate formats for persons with disabilities.**

**Please contact (206) 296-1000, TTY Relay: 711, or (206) 296-1024**