

KING COUNTY BOARDS AND COMMISSIONS APPLICATION FORM

(A resume may be substituted in lieu of submitting a completed application form)



King County

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 a King County board or commission. 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.

I'm Interested in Serving on the (Board or Commission Name):

| |
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| |
|--|

My Name Is:

| |
|--|
| |
|--|

Preferred Contact Information:

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

Physical Home Address (REQUIRED if different from preferred mailing address)

| | |
|-----------------------|--|
| Home Address | |
| City, State, Zip Code | |

Current Employer

| | |
|-----------------------|--|
| Job Title | |
| Date of Employment | |
| Company Name | |
| Street Address | |
| City, State, Zip Code | |

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

Have you served on any other Board, Commission, or Committees (Please list them below)?

| Board, Commission or Committee Names | Year Appointed | Term Expired |
|--------------------------------------|----------------|--------------|
| | | |
| | | |
| | | |
| | | |

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

How did you learn of this opportunity?

Do you hold any professional licenses, registrations or certificates in any field (Please type an "X" in the box)?

Yes No

If you hold any professional licenses, please list them here:

In King County, equity is fundamental to the society we wish to build. Our end goal is for full and equal access to opportunities, power and resources so all people may achieve their full potential. The MIDD Advisory Committee incorporates these values and has adopted its own equity values of "equity and social justice" and "involvement of communities and consumers." We are working to build an inclusive board that includes the voices of underrepresented populations, people of color, immigrants and refugees, LGBTQ individuals, low-income households, youth, the elderly, rural residents, people living with disabilities and more.

Please describe your experience with and/or commitment to promoting equity. What opportunities do you see for the MIDD Advisory Committee to incorporate the voice of all communities in King County?

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.

How do you identify?

| | |
|---|--|
| Race/Ethnicity: | |
| Gender: | |
| Sexual Orientation: | |
| Preferred Pronoun: <i>(he/him; she/her; they/them, etc.)</i> | |

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 (Please type an "X" to the right of the age range that applies to you):

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 <i>(typed or signature)</i> | |
| Date | |

Please return completed form to:

(You can either 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.)

King County Department of Community and Human Services
Email: midd@kingcounty.gov

**This material is available in alternate formats for persons with disabilities.
Please contact 206-263-9651, TTY Relay: 711, or
e-mail Rick.Ybarra@kingcounty.gov**