



COMMUNITY SERVICE APPLICATION

FOR MEMBERSHIP ON THE

 City Board or Commission

(Please type or print)

Name _____

Are you a Shoreline resident or property owner? _____

Length of residence _____

1. List your educational background. _____

2. Please state your occupational background, beginning with your current occupation and employer. _____

3. Describe your involvement in the Shoreline community. _____

4. Describe your leadership roles and/or any special expertise you have which would be applicable to the position for which you are applying. _____

5. List the addresses of property you own in Shoreline and the type of property (residential or commercial). _____

6. Are you an official representative of a homeowners' association or other group? If so, please name the group. _____

7. Describe why you are interested in serving in this position. _____

Appointment to this board or commission will require your consistent attendance at regularly scheduled meetings.

Are you available for evening meetings? _____ Daytime meetings? _____

Please return this application by the deadline to: Sharon Oshima, Administrative Services
City of Shoreline
17500 Midvale Avenue North
Shoreline, WA 98133
(206) 801- 2302

Disclosure Notice: Please note that your responses to the above application questions may be disclosed to the public under Washington State Law. The Personal Information form (page 3), however, is not subject to public disclosure.

*Thank you for taking the time to fill out this application.
Volunteers play a vital role in the Shoreline government. We appreciate your interest.*

PERSONAL INFORMATION

Name _____

Home Address _____

_____ Zip Code _____

Home Telephone Number _____

Work Address _____

_____ Zip Code _____

Work Telephone Number _____

E-mail address _____

I declare under penalty of perjury under the laws of the State of Washington that the information provided herein is true and correct.

Signature _____ **Date**