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):

Board for Developmental Disabilities

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:

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: *(he/him; she/her; they/them, etc.)*	

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 *(typed or signature):*	
Date:	

Please return completed form to:

Michaelle Monday
Developmental Disabilities and Early Childhood Supports Division
625 Andover Park West, Suite 200
Tukwila, WA 98188
Direct Line: 206-263-9055
Email: Michaelle.Monday@kingcounty.gov

This material is available in alternate formats for persons with disabilities. Please contact Michaelle Monday at 206-263-9055, TTY Relay: 711, or by email at Michaelle Monday at Michaelle.Monday@kingcounty.gov.