

KING COUNTY BOARDS AND COMMISSIONS APPLICATION FORM



PLEASE NOTE: Information provided on this form will be a public record subject to production under the Washington State Public Records Act (Ch. 42.56 RCW). Any personal health information and information that is exempt from disclosure will be redacted prior to public disclosure.

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:

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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 to prove King County residency. Agency-nominated representatives are exempt from the residency requirement.)

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 I reside in (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 ☐

Don't know your district? [Find out here.](#)

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)

How do you identify?

Race/Ethnicity:	
Gender:	
Personal 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 information I have provided in this application are true and complete to the best of my knowledge.

Type your name	
Date	

Please return completed form to:

(We are only accepting applications via email. You can scan your completed form and then send it to us as a PDF attachment; or you can complete the form online, then save the completed form to your hard drive, and then attach the completed form to an email.)

Please return your completed form to the staff liaison conducting the recruitment for the King County board or commission for which you are applying, you can email Tala Mahmoud at tmahmoud@kingcounty.gov with your application.

For more information about King County boards and commissions, click on the following link.
[King County Boards and Commissions - King County, Washington](#)