



# 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: City of Shoreline  
City Clerk  
17544 Midvale Avenue North  
Shoreline, WA 98133  
(206) 546-8919

*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**