



City of Shoreline

17544 Midvale Avenue North
Shoreline, WA 98133-4921
(206) 546-5041 ♦ Fax (206) 546-1524

Application for Ad-hoc Human Services Task Force

Name _____ Street Address _____

City _____ Zip Code 98 _ _ _

Email Address _____ Work Phone: _____ Home Phone: _____

Race (check one box)

Asian Black American Indian/Alaska Native

White Native Hawaiian/Pacific Islander Multi-racial Some Other Race

Do you identify yourself as Hispanic or Latino Yes No

Gender

Age

Male Female 18-35 36-55 56-74 75+

Do you have a disability? Yes No If yes, describe any special accommodation

you require. _____.

Do you live or work in Shoreline? Yes No

Describe your educational background?

Describe your community involvement in Shoreline?

What knowledge, skills or life experience would you bring to the work of the Task Force?

Are you available to meet up to twice a month between March and September. yes No

Please return by February 27th via email to gsmith@cityofshoreline.org or regular mail to City of Shoreline, 17544 Midvale Avenue North, Shoreline, Ste 100, WA 98133, Attn: G. Smith. Questions, call (206) 801-2251 or (206) 801 2252.

Thank you for your interest in serving the people of Shoreline