



# COMMUNITY SERVICE APPLICATION

*FOR MEMBERSHIP ON THE*

## **Economic Development Advisory Board**

*(Please type or print)*

Name \_\_\_\_\_

Are you a Shoreline resident or property owner? \_\_\_\_\_

Length of residence \_\_\_\_\_

1. List your educational background. \_\_\_\_\_

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

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3. Describe your involvement in the Shoreline community. \_\_\_\_\_

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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? \_\_\_\_\_

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Please return this application by the deadline to: City of Shoreline, City Clerk  
 17500 Midvale Avenue North  
 Shoreline, WA 98133  
 (206) 801-2231

***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**

# Supplemental Questionnaire

*FOR MEMBERSHIP ON THE*

## Economic Development Advisory Board

### Applicant Information:

Name \_\_\_\_\_  
Occupation: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Business owner: \_\_\_\_\_ Number of Employees: \_\_\_\_\_  
Location of Business: \_\_\_\_\_

Please describe your interest in Economic Development: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe your Business vision for the Shoreline Community: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Organization membership:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please include resume, job experience, and references

Questions: (206) 801-2218, email: [mmayuga@shorelinewa.gov](mailto:mmayuga@shorelinewa.gov)  
M. Mark Mayuga, Economic Development Manager, City of Shoreline