



# COMMUNITY SERVICE APPLICATION

*FOR MEMBERSHIP ON THE*

## **Economic Development Advisory Committee**

*(Please type or print)*

A. Required Information

Name \_\_\_\_\_

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

Are you a Shoreline business owner or manager or do you work for or represent a Shoreline business? \_\_\_\_\_

Business Address and Location in Shoreline: \_\_\_\_\_

\_\_\_\_\_

Type of Business and Size: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Length of residence or ownership of property: \_\_\_\_\_

Length of business activity in Shoreline: \_\_\_\_\_

B. Supplemental Questionnaire:

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 any special expertise you have which would be applicable to the position for which you are applying. \_\_\_\_\_

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5. Describe your experience serving on any public or private committees or commissions.

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6. List the addresses of property you own in Shoreline and the type of property (single-family residential, multi-family residential, commercial land or buildings).

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7. Are you affiliated with any other organizations which might have an interest in Economic Development in Shoreline (such as the Puget Sound Regional Council, Trade Development Alliance, or any Labor Union, Guild, or Trade Organization)?

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\_\_\_\_\_

8. Describe why you are interested in serving in this position. \_\_\_\_\_

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

9. Additional Comments

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

**Appointment to this committee or commission will require your consistent attendance at regularly scheduled meetings, at least one time every two months and no more than two meetings in any 30 day period of time.**

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  
17544 Midvale Avenue North  
Shoreline, WA 98133  
(206) 546-8919

**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**