



## COMMUNITY SERVICE APPLICATION

***FOR MEMBERSHIP ON THE: Community Advisory Committee - Long-Term Financial Planning***

*(Please type or print)*

A. Required Information

Name \_\_\_\_\_

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

Are you a Shoreline resident? \_\_\_\_\_

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

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 business activity in Shoreline: \_\_\_\_\_

B. Supplemental Questionnaire:

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 any special expertise you have which would be applicable to the position for which you are applying. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Describe your experience serving on any public or private boards or commissions. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
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). \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Are you affiliated with any other organizations which receive direct funding from the City of Shoreline (such as the Shoreline Museum, Shoreline-Lake Forest Park Arts Council, Human Services Organizations, etc.)?

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

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9. Additional Comments

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**Appointment to this committee will require your consistent attendance at regularly scheduled meetings from January 2008 through July 2008. It is expected that there will be one or two meeting per month of the committee plus up to three at large community meetings.**

Are you available for evening meetings? \_\_\_\_\_ Daytime meetings? \_\_\_\_\_

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Please return this application by the deadline of January 25, 2008, 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**