



City of Shoreline

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

City of Shoreline
Application for Human Services Allocations Committee

(Please type or print)

Name _____

Home Address _____

City _____ Zip Code _____

Are you a resident of Shoreline? Yes _____ No _____

What is your educational background? _____

What is your background, beginning with your current job and employer? _____

What involvement have you had in the community of Shoreline? _____

What leadership roles/special expertise do you have that relate to the allocations committee? _____

Why are you interested in serving on the allocations committee? _____

Please state any past connections you have had with potential applicants for funding from Shoreline (e.g., board membership, fund-raising, relative participating)

Are you available Tuesday and/or Wednesday evenings? (mark any that apply) _____ Tuesday
_____ Wednesday

Each advisory committee member will evaluate every Human Service application. The committee will likely meet 2-3 times in July. Please list any dates that you will be unable to meet: _____

Do you or any organization you are employed by or volunteer for on a full or part time basis plan to apply for Shoreline Human Service funds for the 2007 funding cycle? _____

Please return this application by Friday, May 12, 2006 to George Smith, City of Shoreline, 17544 Midvale Avenue North, Shoreline, WA 98133. For further information, call (206) 546-5569 or 546-1933.

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Thank you for your interest in serving the people of Shoreline.
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