



COMMUNITY SERVICE APPLICATION

FOR MEMBERSHIP ON THE

 City Board or Commission

(Please type or print)

Name _____

Are you a Shoreline resident or property owner? _____

Length of residence _____

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 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? _____

Please return this application by the deadline to: City of Shoreline
City Clerk
17544 Midvale Avenue North
Shoreline, WA 98133
(206) 546-8919

*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 _____