



## COMMUNITY SERVICE APPLICATION

***FOR MEMBERSHIP ON THE: Aurora Business and Community Team (ABC Team)***

*(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. \_\_\_\_\_

\_\_\_\_\_

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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. \_\_\_\_\_

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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. What is your specific Aurora Corridor Improvement Project (N 165<sup>th</sup> Street to N 205<sup>th</sup> Street) interest? Please check up to three (3).

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Aesthetics/community character | <input type="checkbox"/> Bicyclist       | <input type="checkbox"/> Business/property owner |
| <input type="checkbox"/> Commuter/traffic               | <input type="checkbox"/> Construction    | <input type="checkbox"/> (dis)Ability            |
| <input type="checkbox"/> Investor/developer             | <input type="checkbox"/> Nearby resident | <input type="checkbox"/> Pedestrian              |
| <input type="checkbox"/> Safety                         | <input type="checkbox"/> Senior citizen  | <input type="checkbox"/> Transit                 |
| <input type="checkbox"/> Youth                          | <input type="checkbox"/> Other _____     |  |

8. Please explain why you are interested in serving on this committee? Please explain your interest in the boxes checked in question #7. \_\_\_\_\_

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Please return this application by 4:00 p.m. December 11, 2006 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 CONTACT 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**