



Name of Board/Commission: \_\_\_\_\_

Last Name:	First Name:	Middle Initial:
Residential Street Address <i>not</i> a PO Box		Home Phone (    )
City, State, Zip		Cell Phone (    )
Preferred Mailing Address (Home, Business or PO Box)		Work or Daytime Phone (    )
City, State, Zip		
Email Address	Check Your Pierce County Council District No: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	
Occupation and Employer. <i>(If retired, please indicate "Retired" with your former employer and occupation)</i>		
Education. <i>(Name of high school, college/university, degree)</i>		
Professional/Community Activities. <i>(Attach additional page if needed)</i>		
Describe your qualifications related to this position. <i>(Attach additional documentation/pages if needed)</i>		
Describe your interest in serving on this Board/Commission. <i>(Attach additional page if needed)</i>		
Are you at least 18 years old? <input type="checkbox"/> Yes / <input type="checkbox"/> No		
Can you perform the essential functions and meet the attendance requirements for serving on this board/commission with or without an accommodation? <input type="checkbox"/> Yes / <input type="checkbox"/> No		
Are you, your spouse, or a member of your immediate family an employee of Pierce County? <input type="checkbox"/> Yes / <input type="checkbox"/> No If yes please identify:		
Are you currently serving on any other Pierce County Boards or Commissions? <input type="checkbox"/> Yes / <input type="checkbox"/> No If yes please identify:		



**BOARD OR COMMISSION APPLICATION - Continued**

**Your Name:** \_\_\_\_\_

**Name of Board:** \_\_\_\_\_

**PERSONAL REFERENCES:**

Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_

Date: \_\_\_\_\_

*Please return completed application and résumé (if available) to:* **Pierce County Office of the Executive  
930 Tacoma Ave S, Room 737  
Tacoma, WA 98402**

**REFERRAL SOURCE:**

**How did you hear of this volunteer opportunity? Please check all that apply:**

Newspaper: \_\_\_\_\_

Pierce County Executive Board & Commission Vacancy Web Page

Word-of-Mouth

County Employee

Posted: \_\_\_\_\_

Public Access Television

Board Meeting: \_\_\_\_\_

Other - Please Identify: \_\_\_\_\_