



# Pierce County

RETURN COMPLETED APPLICATION TO:  
 Office of the Pierce County Council  
 930 Tacoma Ave S Room 1046  
 Tacoma, WA 98402  
 Email: pccouncil@co.pierce.wa.us

## Application for Appointment to the Pierce County Agriculture Advisory Committee

PLEASE ATTACH RESUME IF AVAILABLE

Last Name	First Name	Middle Initial
Home Address		Home Phone (    )
Work Address		Work Phone (    )
Email Address		FAX (    )
(Please indicate preferred mailing address above with an asterisk (*))		
In which Pierce County Council District do you reside or work? (Circle one)    1   2   3   5   6   7		
Occupation (If retired, please indicate former occupation)		
Please check one of the following: I am applying as: <input type="checkbox"/> Livestock production member <input type="checkbox"/> 4-H student member ( <i>Non-voting</i> ) <input type="checkbox"/> Tree/orchard production member <input type="checkbox"/> National FFA Organization student member ( <i>Non-voting</i> ) <input type="checkbox"/> Other agricultural activities member*		
*Nursery production, agricultural processing industry, animal food production, aquaculture, or agricultural sales and service		
Education (Name of high school, college/university, year graduated, degree)		
High School: _____ Year: _____		
College or University _____ Year: _____ Degree: _____		

**Application for Appointment to the Agriculture Advisory Committee (Continued)**

Please list your professional and community activities.

Please list any additional qualifications related to this position.

Please describe your interest in serving in this position.

The Council seeks diverse representation. Information in this section will assist in achieving this goal, and is voluntary on your part.

Asian \_\_\_\_\_ Black \_\_\_\_\_ Hispanic \_\_\_\_\_ Native American \_\_\_\_\_ White \_\_\_\_\_ Other \_\_\_\_\_

Birth date \_\_\_\_\_ Sex (F) \_\_\_\_\_ (M) \_\_\_\_\_ Handicap (Y/N) \_\_\_\_\_

Are you a spouse and/or member of immediate family employee of Pierce County? Yes \_\_\_\_\_ No \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**Application for Appointment to the Agriculture Advisory Committee (Continued)**

**REFERENCES**

Name:

Address:

Home Phone:

Work Phone:

Name:

Address:

Home Phone:

Work Phone:

Name:

Address:

Home Phone:

Work Phone: