

Application Form for Committees/Boards/Commissions

Return completed form to City Clerk:

Spokane Valley City Hall

10210 East Sprague Avenue Spokane Valley, WA 99206

Phone: 509-720-5102 cbainbridge@spokanevalley.org

Application may be mailed, e-mailed, or faxed. Please do not send an application via text message attachment. One application per position please. **DO NOT SUBMIT AN APPLICATION UNLESS THERE IS AN OPENING.** Openings are generally advertised in the local newspapers, and posted on the City's Webpage at http://www.spokanevalley.org/volunteer Feel free to call the City Clerk if you have questions.

I AM INTERESTED IN SERVING ON THE FOLLOWING COMMITTEE: [Check one box; note requirements]				
 Planning Commission – <u>Must</u> be a Spokane Valley resident. (See chapter 18.10 SVMC) Terms are for three years. Applicants are selected without respect to political affiliations, and serve without compensation. Lodging Tax Advisory Committee (LTAC) - Need not be a Spokane Valley resident. (See chapter 3.20 SVMC) 				
			Terms are for one or two years. Committee consists of f	
			One Councilmember: appointed by the Mayor, co	
Two who represent a business required to collect t				
Two involved in funded activities (such as a non-p				
Identify the business or organization you represent				
[] Spokane County Housing and Community Develo				
HCDAC includes two Spokane Valley residents ;				
Spokane Valley appointment pending final approv				
Spokane County Application and Supplemental A				
	rms are for four years. Must be a resident of Spokane Valley.			
The Board surrently meets 2nd Tyesday of each m	onth, 3:30 to 5:00 at Catholic Charities, 12 E 5 th Spokane.			
[] <u>Spokane Housing Authority (SHA</u>) – regional com	•			
	jointly appointed by Spokane Mayor, Spokane Valley Mayor, and			
Chair of Board of County Commissione				
Two individuals who work or reside within Spoka				
One individual who works or resides in unincorpo				
One individual who works or resides within Spoka				
Check with the City Clerk concerning a vacancy of	on this committee.			
[] Other:				
Complete residence address: Street	City Zip Code			
Complete mailing address (if different from above				
Length of time residing at current address:	<u> </u>			
U.S. Citizen? []yes []no	WA State registered voter? []yes []no			
	: [Note: If you have an unlisted phone number, or do not wish your ention. Once this document is submitted to the City, it becomes subject to			
	[] Work phono			
[] Home Phone:	[] Work phone:			
[] Cell Phone:	Other message phone:			
[] E-mail address: (please print clearly):				
[] Regular mail to residence or mailing address	shown above			
EMPLOYMENT : (Please start with most recent				
1. [] present [] previous				
Name of employer:				
Address:	Phone:			
Position held:	Dates of employment:			
2.5.1				
2. [] present [] previous				
Name of employer:				
Address:	Phone:			

3. [] present [] previous	
Name of employer:	
Address:	Phone:
	Dates of employment:
4. [] present [] previous	
Name of employer:	
	Phone:
	Dates of employment:
EDUCATION:	
Name of high school	Address:
Diploma or GED: [] yes []	no
Trade school/college/university:	
	Address:
	Degree or certification earned:
Trade school/college/university:	
	Address:
Diploma: [] yes [] no	
Other relevant certifications/licens	es:
1. [] current [] previous	Name of social, fraternal, organizations, etc. FIONS. Local, state, or national government boards, committees, or commissions
on which you serve or have served	
2 [] current [] previous	
	ommittee, commission, board:
By signing this application, I cerinformation is true and correct to the represent a conflict of interest or a	rtify under penalty of perjury of the laws of the State of Washington that all ne best of my knowledge and belief. I further state that my appointment would not a appearance of a conflict of interest with the duties of this position. I understand sure pursuant to chapter 42.56 RCW.
Signature	Date Signed