



Application Form
COMMITTEES/BOARDS/COMMISSIONS/AUTHORITIES

You may mail the completed application to the City Clerk's Office, 733 Market Street, Room 11, Tacoma, WA 98402-3766, or send via email to the City Clerk's Office by pressing the "Submit" button at the bottom of this application.

If you have questions about the application process, or if you need an accommodation in the application process, please contact the City Clerk's Office at 253-591-5178 or servetacoma@cityoftacoma.org. People with hearing or speech impairments may contact us through Washington Relay Services 1-800-833-6388 (TTY or ASCII), 1-800-833-6386 (VCO), or 1-877-833-6341 (STS). NOTE: This document and any attachments are subject to public disclosure. Certain information is exempt from disclosure. Refer to RCW 42.56 for information on state law regarding public records and certain records that are exempt from public disclosure.

Personal Information

I am interested in serving on the (select up to three committees). Please note this application will be kept on file for future openings on any of the Committees, Boards, Commissions, or Authorities you have selected.

- | | | |
|--|--|---|
| <input type="checkbox"/> Audit Advisory Board | <input type="checkbox"/> Human Rights Commission | <input type="checkbox"/> Tacoma Area Commission on Disabilities |
| <input type="checkbox"/> Board of Building Appeals | <input type="checkbox"/> Human Services Commission | <input type="checkbox"/> Tacoma Arts Commission |
| <input type="checkbox"/> Board of Ethics | <input type="checkbox"/> Landmarks Preservation Commission | <input type="checkbox"/> Planning Commission |
| <input type="checkbox"/> Community's Police Advisory Committee | <input type="checkbox"/> Library Board of Trustees | <input type="checkbox"/> Tacoma Community Redevelopment Authority |
| <input type="checkbox"/> City Events and Recognitions Committee | <input type="checkbox"/> Public Utility Board | <input type="checkbox"/> Transportation Commission |
| <input type="checkbox"/> Commission on Immigrant and Refugee Affairs | <input type="checkbox"/> Sustainable Tacoma Commission | |
| <input type="checkbox"/> Equity in Contracting Advisory Committee | <input type="checkbox"/> Tacoma Creates Advisory Board | |
| <input type="checkbox"/> Urban Design Board | | |

Date of Application (Required. Mm/dd/yyyy)

Name (Required.) E-mail (Required.)

Home Phone Business Phone Mobile Phone

Residential street address including city and ZIP Code (not a P.O. Box) (Required.)

Home mailing address (if different from above)

How many years have you lived or worked in Tacoma? Employer name and address

Age 16-18 19-24 25-40 41-64 65+

Please contact me at the following phone number Home Business Mobile

Please contact me at the following address Residential Street Home Mailing Business

City of Tacoma Council District (Required.) 1 2 3 4 5 Outside City Limits

If you do not know your Council District use the following link.
[If Council District unknown click here](#)

Applicant Name

COMMITTEES/BOARDS/COMMISSIONS/AUTHORITIES

Date

The City of Tacoma promotes cultural and ethnic diversity on citizen committees, boards, commissions, and authorities. Information in this section will assist in achieving this goal, and is voluntary.

African American/Black Asian Hispanic or Latinx Native American/Alaskan Native

Native Hawaiian or Other Pacific Islander White Other

Occupation (If retired please indicate former occupation or profession)

Military History

Are you or have you been a member of the Armed Forces of the United States? Yes No

Dates of Service Branch of Service

Date & Type of Discharge

Questionnaire

Please list any community activities that relate to this position. (Required.)

List any experience that would assist you in serving on this committee, board, commission, or authority. (Required.)

Do you or any of your family members work for or serve on the board of directors of any organization which has contracted with or applied for funding from the City of Tacoma? Do you anticipate any involvement of this kind in the future? If yes, please describe the relationship. (Required.)

Applicant Name

COMMITTEES/BOARDS/COMMISSIONS/AUTHORITIES

Date

Are you related to any elected City official or staff member? If yes, please explain. (Required.)

Please indicate any activities you are involved with that may present a conflict of interest with the committee, board, commission, or authority you are applying for. (Required.)

Why are you interested in serving on this committee, board, commission, or authority? (Required.)

References

Please list two references

Reference 1 Name Reference 1 Daytime Phone

Reference 2 Name Reference 2 Daytime Phone

Authorization for reference check (Required.)

I hereby authorize the City of Tacoma to conduct a reference check by contacting the individuals listed above. Background Checks may be requested, with written authorization.

How did you hear about the vacancy on this committee, board, commission, or authority? (Select one) (Required.)

If Other was selected, please describe here.

If you plan on mailing this form please remember to attach a copy of your resume and any letters of reference. If you submit this form by email please attach your resume and any letters of reference to the email.

If you do not receive confirmation that your application was received, please contact the City Clerk's Office at 253-591-5178 or servetacoma@cityoftacoma.org.

Submit

Reset