

LEAP ADVISORY COMMITTEE VOTING MEMBER APPLICATION FORM

CITY OF TACOMA

LOCAL EMPLOYMENT AND APPRENTICESHIP TRAINING PROGRAM (LEAP)

If you have questions about the application process, or if you need an accommodation in the application process, please contact Deborah Trevorror at 253.591-5590 or leap@cityoftacoma.org. People with hearing or speech impairments may contact us through Washington Relay Services/TTY at 711.

Submitting Application Form: Email to leap@cityoftacoma.org or mail to LEAP Office, ATTN: Deborah Trevorror, 747 Market Street, Room 900, Tacoma, WA 98402.

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.

Name: _____ Email: _____

Business Phone: _____ Cell Phone: _____

Please contact me at the following number: Business ____ Mobile ____

Mailing address: _____

Business address (if applicable): _____

Are you a City of Tacoma resident? Yes ____ No ____ If yes, how long? _____

Which constituency group do you represent (pick one)? Resident of Tacoma ____ City Staff ____

Construction company doing business with the City of Tacoma ____ Member of Organized Labor ____

Community-based Organization ____ Educational Institution ____

It is the policy of the City of Tacoma to achieve a cultural and ethnic diversity on committees, boards, commissions, and authorities. Information in this section will assist in achieving this goal and is voluntary on your part.

Asian ____ Hispanic or Latino ____ White ____ Black or African American ____

American Indian or Alaskan Native ____ Native Hawaiian or Pacific Islander ____

Other _____

Occupation (If retired, please indicate former occupation/profession): _____

If referred, please indicate who you were referred by: _____

LEAP ADVISORY COMMITTEE

Your Name: _____

Date: _____

List all professional activities that relate to this position.

List any community activities that relate to this position.

Are you involved in any personal, professional, or business pursuit that would affect your ability to make fair and impartial recommendations as a member of the LEAP Advisory Committee?

Internal Use Only:
Recommended for Appointment
LAC
City Manager
Director of Utilities