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.

☐ Audit Advisory Board  ☐ Board of Building Appeals  ☐ Board of Ethics  ☐ Community’s Police Advisory Committee  ☐ City Events and Recognitions Committee  ☐ Commission on Immigrant and Refugee Affairs  ☐ Foss Waterway Development


☐ Tacoma Area Commission on Disabilities  ☐ Tacoma Arts Commission  ☐ Tacoma Community Redevelopment Authority

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

Please contact me at the following phone number  O Home  O Business  O Mobile

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

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

If you do not know your Council District use the following link. If Council District unknown click here
Applicant Name

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.)
Are you related to a City elected 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

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<th>Reference 1 Name</th>
<th>Reference 1 Daytime Phone</th>
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<th>Reference 2 Name</th>
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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.

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.

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.