



**Application Form
HILLTOP COMMUNITY ENGAGEMENT GROUP**

You may mail the completed application, along with any supporting documents 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

Date of Application (Required.)

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

Occupation (If retired please indicate former occupation or profession)

Date of Birth 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

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 Latino
- Native American/Alaskan Native
- Native Hawaiian or Other Pacific Islander
- White
- Other

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. After typing your address, click on "My Neighborhood" to identify your district. [If Council District unknown click here](#)

Applicant Name

Date

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

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 your written authorization.

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

Submit

Reset Form