



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 mpatterson@spokanevalleywa.gov

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 <https://www.spokanevalleywa.gov/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** – **Must** 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 five members:
One Councilmember: appointed by the Mayor, confirmed by the Council.
Two who represent a business required to collect the tax (hotels, motels, etc.).
Two involved in funded activities (such as a non-profit organization to increase tourism).
Identify the business or organization you represent _____.
- ☐ **Spokane County Housing and Community Development Advisory Committee (HCDAC)**
HCDAC includes two Spokane Valley **residents**; terms not to exceed three years.
Spokane Valley appointment pending final approval by Spokane County Board of Commissioners.
Spokane County Application and Supplemental Application also required.
- ☐ **Spokane County Human Rights Task Force** – Terms are for four years. Must be a resident of Spokane Valley.
The Board currently meets 2nd Tuesday of each month, 3:30 to 5:00 at Catholic Charities, 12 E 5th Spokane.
- ☐ **Spokane Housing Authority (SHA)** – regional committee, five members. Terms are five years.
One individual directly assisted by the Authority, jointly appointed by Spokane Mayor, Spokane Valley Mayor, and
Chair of Board of County Commissioners.
Two individuals who work or reside within Spokane City limits.
One individual who works or resides in unincorporated Spokane County.
One individual who works or resides within Spokane Valley City limits.
Check with the City Clerk concerning a vacancy on this committee.
- ☐ Other: _____

Name (please print): _____

Complete residence address: _____
Street City Zip Code

Complete mailing address (if different from above address): _____

Length of time residing at current address: _____

U.S. Citizen? ☐ yes ☐ no

WA State registered voter? ☐ yes ☐ no

What is your preferred way for us to contact you: [Note: If you have an unlisted phone number, or do not wish your e-mail address made public, do not include that information. Once this document is submitted to the City, it becomes subject to public disclosure.]

- ☐ 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. ☐ present ☐ previous
Name of employer: _____
Address: _____ Phone: _____

Position held: _____ Dates of employment: _____

3. ☐ present ☐ previous

Name of employer: _____

Address: _____ Phone: _____

Position held: _____ Dates of employment: _____

4. ☐ present ☐ previous

Name of employer: _____

Address: _____ Phone: _____

Position held: _____ Dates of employment: _____

EDUCATION:

Name of high school _____ Address: _____

Diploma or GED: ☐ yes ☐ no

Trade school/college/university:

Name of School _____ Address: _____

Diploma: ☐ yes ☐ no Degree or certification earned: _____

Trade school/college/university:

Name of School _____ Address: _____

Diploma: ☐ yes ☐ no Degree or certification earned: _____

Other relevant certifications/licenses: _____

VOLUNTEER EXPERIENCE: Name of social, fraternal, organizations, etc.

1. ☐ current ☐ previous _____

2. ☐ current ☐ previous _____

3. ☐ current ☐ previous _____

4. ☐ current ☐ previous _____

PROFESSIONAL ORGANIZATIONS. Local, state, or national government boards, committees, or commissions on which you serve or have served.

1. ☐ current ☐ previous _____

2. ☐ current ☐ previous _____

3. ☐ current ☐ previous _____

4. ☐ current ☐ previous _____

5. ☐ current ☐ previous _____

REASONS for applying for this committee, commission, board: _____

By signing this application, I certify under penalty of perjury of the laws of the State of Washington that all information is true and correct to the best of my knowledge and belief. I further state that my appointment would not represent a conflict of interest or an appearance of a conflict of interest with the duties of this position. I understand this application is subject to disclosure pursuant to chapter 42.56 RCW.

Signature

Date Signed