

City of Woodinville COMMUNITY SERVICE APPLICATION FOR MEMBERSHIP ON THE

PLANNING COMMISSION

| Name | |
|---------------------|--|
| Home Address | |
| Home Phone | |
| Home FAX | |
| Home E-Mail | |
| Work Address | |
| Work Phone | |
| Work E-Mail | |
| Work FAX | |
| PLEASE N | OTE: In order to be considered for this appointment, you need to reside in the |
| Woodinville | City limits. You may attach a resume to this application. Thank you! |
| Do you reside withi | n the Woodinville City limits? Length of residence |
| Are vou currently a | a registered voter in the State of Washington? |
| educational bac | kground.) |
| • | or occupational background, beginning with your current occupation and inteer position or home occupation. (You do not have to be employed to be |
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| 3. Describe your i | nvolvement in the Woodinville community. |
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| 4. | Describe your leadership roles and/or any special expertise you have which you would bring to the Planning Commission. | |
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| 5. | Describe why you are interested in serving in this position. | |
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| scł | pointment to the Planning Commission will require your consistent attendance at regularly leduled meetings. The Planning Commission regular meeting schedule is every 1 st and 3 rd ednesday of the month at 7:00 p.m. | |
| Ar | e you available for evening meetings? | |
| Ar | e you available September 11, 2018, at 7:00 pm for an interview? | |
| ** | ***************** | |
| | DUE DATE: September 4, 2018, 3pm | |
| | To be considered, please return this application to: | |

Jennifer Kuhn, City Clerk

City of Woodinville 17301 – 133rd Avenue NE Woodinville, WA 98072

For further information, please call Jennifer Kuhn at 425-877-2262. Thank you for taking the time to fill out this application. Volunteers play a vital role in the Woodinville government. We appreciate your interest!

Note: This is a public record, and is subject to the Open Public Records Act. These commission meetings are broadcast on Woodinville TV and the City's website.