



The City of Port Angeles Advisory Board Application

Parks, Recreation and Beautification Commission

Applicant Name and General Information

Position applying for (check one): Commissioner Student Position

First MI Last

Address City State Zip

Home phone Work phone Cell phone

E-mail address

Certification and Location Information

Check One

Are you employed by the City of Port Angeles? Yes No

Are you a Registered Voter?..... Yes No

Do you live in the City limits?..... Yes No

If so, how long:

Do you own/manage a business in the City?..... Yes No

Do you hold any professional licenses, registrations or certificates in any field?..... Yes No

If so, please list: _____

Are you aware of any conflict of interest which might arise by your service on the advisory board that you are applying for?
If so, please explain:



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Work or Professional Experience - List most recent experience first, or attach a resume

Employer

Brief job description

Employer

Brief job description

Employer

Brief job description

Education – List most recent experience first

		Yes	No
Institution/Location	Degree earned/Major area of Study	Graduated?	
		Yes	No
Institution/Location	Degree earned/Major area of Study	Graduated?	
		Yes	No
Institution/Location	Degree earned/Major area of Study	Graduated?	

Charitable, Social and Civic Activities and Memberships – List major activities you have participated in during the last five years

Organization/Location

Group's purpose/objective

Brief description of your participation

Organization/Location

Group's purpose/objective

Brief description of your participation



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Parks, Recreation and Beautification Commission Applicant Supplemental Questionnaire

1. This Commission focuses on three areas: parks, recreation, and beautification. If you had to choose, which of these three areas would be the primary one in which your interests and experience would be aimed?

2. What is your favorite City of Port Angeles parks and recreation facility and why?

3. Think of a Port Angeles park you visit. What would you do, or like to have done, to improve your experience? What do you love about this park?

Applicant Signature

Date

Submit completed forms to:

Office of the City Clerk
City of Port Angeles
321 East 5th Street
Port Angeles, WA 98362

Kari Martinez-Bailey
360-417-4634
kmbailey@cityofpa.us

In compliance with the Americans with Disabilities Act, if you need special accommodations because of a physical limitation, please contact the City Manager’s Office at 360-417-4500 so appropriate arrangements can be made.

This document and all attached information is considered a public record and may be distributed to members of the City Council for appointment consideration. Additionally, it may become a part of a City Council packet.