**Seattle Women’s Commission Appointment Application**

**Please attach a cover letter, resume, short bio, and include the neighborhood you reside in and your ethnicity (for statistical data) and additional pages if needed.**

Notice to Applicant: Your completed application is a public record under the Washington Public Records Act (PRA), Chapter 42.56 RCW, and is subject to public release upon request.  Certain information such as your residential address and personal telephone number may be redacted from documents prior to disclosure.

Name

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Home Address Business Address

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Home Phone  Business/Other Phone (specify) Message may be left

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E-mail Address May we contact you via E-mail for an interview Yes No

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* Current employment (job title, employer, description of duties)
* Current/Previous Women’s Advocacy experience (organization(s), dates, outcomes, reference individuals), and community/national organization affiliations (describe involvement).

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Reference Individual (Name, Phone Number, E-mail) Reference Individual (Name, Phone Number, E-mail)

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Reference Individual (Name, Phone Number, E-mail)

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| Please write about any other professional or personal experience that you would like the Commission to know about you. |

**Expectations of Commissioners**

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| Are you willing to commit a minimum of 10+ hours per month in Commission meetings and other projects? | Yes | No |
| Are you willing to attend scheduled meetings, which occur on the Third Monday of each month, 5:30 – 7:30 p.m.? | Yes | No |

Statement of Purpose: Why would you like to serve as a Commissioner for Seattle Women’s Rights? What do you hope to accomplish? (Feel free to use an additional page)

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Signature: By signing below, you are verifying that the information in this application is true and correct Date

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**Optional**: To make certain we have the broadest array of voices from the human rights community, we ask you that you identify the categories that represent you. Please check all that apply, and add additional items that you feel are appropriate.

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| Youth |  |  | Transgender |  | Ethnic Minority |  |  | Health |  |
| Parent |  |  | FTM |  | Activist |  |  | Social Services |  |
| Single Adult |  |  | MTF |  | Differently able |  |  | Religion |  |
| Domestic Partner |  |  | Male |  | Media |  |  |  | |
| Senior Citizen |  |  | Female |  | Business |  |  |  | |

Email to: [marta.idowu@seattle.gov](mailto:marta.idowu@seattle.gov), **or**

fax to: (206) 684-0332, **or**

mail to: Seattle Women’s Commission

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