North Delridge Action Plan

ADVISORY CORE TEAM (ACT) APPLICATION

Applicant Name:			**Date:**
Address:		**City:**	**Zip:**
Home Phone: **Cell phone:** **Work Phone:**	☐ preferred ☐ preferred ☐ preferred	**E-mail:**	

1. Are you a Seattle resident? ☐ YES ☐ NO

2. Do you live, work, own property, operate a business, attend school, worship or have another connection to the North Delridge area? ☐ YES ☐ NO

3. Why do you want to serve on the North Delridge Advisory Core Team (ACT)?

4. What is your experience working or volunteering with diverse communities and stakeholders? Please list the relevant skills and interests that you can bring to the Advisory Core Team. (You may enclose a resume if available.)

Please complete this form and **return it by 5:00 p.m. , Friday, August 1, 2014** to Jake Hellenkamp, City of Seattle, Dept. of Neighborhoods PO BOX 94649, Seattle, WA 98124-4649 or fax to (206) 233-5142, or email to jake.hellenkamp@seattle.gov

5. Are you involved with any community, cultural or spiritual organizations that are connected to the Delridge community? ☐ YES ☐ NO (If yes, please list below, and describe your role.)

6. Can you commit to participating in monthly meetings for approximately 1 year?
☐ YES ☐ NO

7. Which of the following ways do you believe you will provide the greatest contribution?
(Please check all the apply) ☐ Advisory/Planning ☐ Organizational Structure
☐ Plan Implementation ☐ Community Building

8. Additional comments:

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