Application

Privacy Notice: Information provided in this survey is considered a public record and may be subject to public disclosure. For more information, see the Public Records Act, RCW Chapter 42.56. To learn more about how we manage your information, see our Privacy Statement.

Introduction

The City of Seattle is now accepting applications for three positions on the Sweetened Beverage Tax Community Advisory Board— one Community Representative and two Public Health Representatives.

We are seeking applicants who are passionate about racial equity, increasing access to healthy and culturally relevant food, supporting child health and development, and improving public health while centering communities most impacted by health and educational injustices.

For an overview of CAB member roles and desired qualifications, please click here.

To receive this application in an alternate format or to request disability accommodation, contact Hannah Hill at Hannah. Hill@seattle.gov or call 206-256-5334.

* 1. First Name

* 2. Last Name

* 3. Pronouns

* 4. Email Address

* 5. Phone Number

* 6. What is the best way to contact you?
Email
Text
O Phone call
All of the above
* 7. Will you require translation or interpretation services?
Yes
No
* 8. In what language do you prefer to communicate?
* 9. The Sweetened Beverage Tax Community Advisory Board is accepting applications for three
positions - 1 Community Representative and 2 Public Health representatives. Please select the
position(s) you are applying for. <u>You may choose more than one.</u>
Community Representative: individuals who represent represent populations who are disproportionally impacted by diseases related to the consumption of sugary drinks, with preference given to a parent of a student in the Seattle School District or a child in a Seattle-based early learning program, or a youth representative aged 16-24;
Public Health Representative: individuals with expertise in public health and nutrition with experience managing, researching, or evaluating programs related to the health of effects of drinking sugary beverages, particularly among children and their families.
10. Please upload a resume
Choose File Choose File No file chosen
11. If you do not have a resume, please provide a link to an introduction video or work sample(s).
12. Please upload a brief bio (ideally 150 words or less, to be used for public purposes)
Choose File Choose File No file chosen

* 13. Please upload your response to the following questions.

Note: Question 2 is for Public Health applicants only and Question 3 is for Community applicants only. If you are applying for both positions, you must respond to ALL questions.

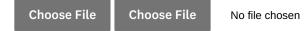
Your upload should not exceed 2 pages.

(1) The Sweetened Beverage Tax Community Advisory Board (CAB) and City seek to ensure that programs and services supported by the Tax benefit communities of color, immigrants, refugees, Native and Indigenous communities, and people with low incomes. The CAB also aims to lift up community voices and better connect community identified solutions into government. Based on this information and the CAB's <u>core values and</u> <u>budget principles</u>, please share a short statement of interest about why you are a strong candidate to serve on the CAB and what qualities you would bring to this work. You may draw from your personal and/or professional experiences.

(2) FOR PUBLIC HEALTH APPLICANTS ONLY. Please highlight examples of your professional or volunteer work to develop targeted policies and programs to benefit communities of color, immigrants, refugees, Native and Indigenous peoples, low-income residents, and English language learners.

(3) FOR COMMUNITY APPLICANTS ONLY. Please describe a food access and/or early childhood development topic that is important to your community and how you hope to address this topics as a member of the CAB.

(4) When you are working or volunteering as part of a diverse team, how do you help to support inclusion, belonging, and equity?



Demographics

Your response to the following questions is **optional**. The City collects this information to track diversity within its Boards and Commissions. Information collected is for reporting purposes and **NOT** to determine membership to a board or commission.

14. Gender	
Male	O Non-binary
Female	Unknown
Transgender	Other

15. E	thnic Identity		
\bigcirc	Asian	\bigcirc	Middle Eastern
\bigcirc	Black / African American	\bigcirc	Multiracial
\bigcirc	Hispanic / Latino	\bigcirc	Dther
\bigcirc	American Indian / Alaska Native	\bigcirc	Jnknown
\bigcirc	White / Non-Hispanic		Prefer Not to Answer
\bigcirc	Pacific Islander		

16. Residential City Council District

To identify residential council district, follow this link and enter your residential address in the search bar: https://kingcounty.gov/depts/elections/elections/maps/find-my-districts.aspx

Council District 1
Council District 2
Council District 3
Council District 4
Council District 5
Council District 6
Council District 7
N/A

Thank you for your application. We will continue to accept applications until June 11. Any questions can be sent to Hannah Hill at Hannah.Hill@seattle.gov.