

Application for Commission Appointment Instructions

**The LGBT Application form must be filled out and returned by email as a MS Word document in order to be considered.**

* Fill out the form on the pages following these instructions. (page 2 and 3)
* Navigate through the form to answer the questions.

**Note:** For easier navigation you can press the F11 key to move through the form to the next question.

* Save the document, renaming the file by adding your name to the file name. Make sure you review the form to make sure it is filled in completely.
* Email this application along with the following additional attachments to Marta Idowu at marta.idowu@seattle.gov
* a cover letter
* a resume
* a short bio

**Note:** **all documents submitted for review must be in Word document format in order to be reviewed.**

You may contact us via e-mail, the web <http://www.seattle.gov/LGBT/commissioners.htm> or telephone, (206) 684-4540/TTY 206-684-4503) with any questions.

Thank you for your application. If qualified, you will be contacted to schedule an interview after receipt of application materials.Application for Commission Appointment: Please fill out both pages of this form and e-mail this application to Marta Idowu: marta.idowu@seattle.gov. **Please attach a cover letter, resume and short bio, or additional pages in Word file format. (.doc** or **.docx)**

**Name:**

|  |
| --- |
|  |

**Home Address:**  **Business Address:**

|  |  |  |
| --- | --- | --- |
|       |  |       |

**Home/Cell Phone:** **[ ]  Can leave msg Business/Other Phone:** **[ ]  Can leave msg**

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

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|  |

Application for Commission Appointment Page 2

**Expectations of Commissioners:**

|  |  |  |
| --- | --- | --- |
| 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 Thursday of each month, 6:30 – 8:30 p.m.? | Yes [ ]  | No [ ]  |

**Statement of Purpose: Why would you like to serve as a Commissioner on the LGBT Commission? What do you hope to accomplish? (Feel free to use an additional page)**

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**Skills & Expertise:** To make certain we have the broadest array of voices from the LGBT community, we ask you that you identify the categories that describe you or your particular skills and/or expertise. Please check all that apply, and add additional items that you feel are appropriate.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| [ ]  | Youth | [ ]  | Activism | [ ]  | Social Justice | [ ]  | Domestic/Relationship Violence |
| [ ]  | Aging | [ ]  | Media | [ ]  | Racial Justice | [ ]  | Police Oversight |
| [ ]  | Trans\*/GNC/GV | [ ]  | Advertising | [ ]  | Economic Justice | [ ]  | Inclusion/Access |
| [ ]  | Communities of Color | [ ]  | Business | [ ]  | Gender Justice | Other-areas of expertise not listed: Please list. |
| [ ]  | People living with disabilities | [ ]  | Non-Profit | [ ]  | Religion/ Spirituality | [ ]  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| [ ]  | Homelessness | [ ]  | Government | [ ]  | Labor | [ ]  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | [ ]  | Philanthropy | [ ]  | Employment | [ ]  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | [ ]  | Public Speaking | [ ]  | Health/ Healthcare | [ ]  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | [ ]  | Policy Advocacy | [ ]  | Social Services |  |  |
|  |  | [ ]  | Board Experience | [ ]  | Safety |  |  |
|  |  | [ ]  | Grassroots Community Building | [ ]  | Anti-Violence |  |  |

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

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Thank you for filling out this application.

**Note:** In accordance with City ordinance, the information on this application becomes a public record.

**Demographics (optional):**

**Gender Identity** (select as many as apply)

|  |  |
| --- | --- |
| [ ]  | Female |
| [ ]  | Male |
| [ ]  | Transgender/Trans\* |
| [ ]  | GenderQueer/Gender Non-Conforming/ Gender Variant |
| [ ]  | Intersex |
| None of the above describes my gender identity. I identify as: |
| [ ]  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Race** (select as many as apply)

|  |  |
| --- | --- |
| [ ]  | African/African American/Black/ Black Caribbean  |
| [ ]  | Asian/Asian American |
| [ ]  | Biracial / Multiracial |
| [ ]  | Latino/Latina/Hispanic |
| [ ]  | American Indian/ Alaska Native/Native American/First Nations/Indigenous |
| [ ]  | Pacific Islander/Native Hawaiian |
| [ ]  | White/Caucasian/European American |
| [ ]  | Middle Eastern/ Arab/ Arab American |
| None of the above describes my racial identity. I identify as: |
| [ ]  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| [ ]  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Sexual Identity** (select as many as apply)

|  |  |
| --- | --- |
| [ ]  | Straight or Heterosexual |
| [ ]  | Gay or Lesbian |
| [ ]  | Bisexual |
| [ ]  | Queer |
| None of the above describes my sexual identity. I identify as: |
| [ ]  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Select as many as apply**

|  |  |
| --- | --- |
| [ ]  | Youth |
| [ ]  | Senior/ Elder |
| [ ]  | Single |
| [ ]  | Parent |
| [ ]  | Married |
| [ ]  | Partnered |
| [ ]  | Differently Abled/ Living with a Disability |
| [ ]  | Person of Faith |
| [ ]  | Veteran |
| Other demographic information you wish to share: |
| [ ]  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| [ ]  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |