

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](mailto: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](mailto: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**

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

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

|  |
| --- |
|  |

**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).**

|  |
| --- |
|  |

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

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

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

|  |
| --- |
|  |

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)**

|  |
| --- |
|  |

**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**

|  |
| --- |
|  |

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: | |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |