CITY OF COVINGTON, WASHINGTON
APPLICATION FOR COMMISSION and/or ECONOMIC DEVELOPMENT COUNCIL
16720 SE 271st Street, Suite 100, Covington, WA 98042
Telephone: 253-480-2400; Fax: 253-480-2401

Commission(s) you would like to be considered for:

____ Human Services  ____ Parks & Recreation  ____ Planning  ____ Arts  ____ Economic Development Council

Name: (Last)__________________________________________ (First)__________________________________________

Home Address: (Street)_______________________________________(City)_________________________
( Zip Code)____________  Personal Email: __________________________________________________________

Home Telephone: ___________________________  Personal Cell Phone: ___________________________

Length at current residence: _______ years _______ months

Do you reside in the Covington city limits? ____yes  ____no  ____not sure

If no, do you reside within a three-mile radius of Covington city limits? ____yes  ____no  ____not sure

Youth Positions Only: Age 14 to 18 years at the time term will begin: ____yes  ____no

School Attending: _____Kentwood  _____Kentlake  _____Home School  _____Other

Employer’s Name (if applicable): ________________________________________________________________

Employment Address: (Street)_______________________________________(City)_________________________
(State)_______(Zip Code)____________  Length at current employer: _______years _______months

Occupation: ___________________________  Business Email: ________________________________ (optional)

Is your employment located inside Covington city limits? ____yes  ____no  ____unsure

Work Telephone: ___________________________ (optional)  Work Cell Phone: ___________________________ (optional)

Education: ________________________________________________________________________________
________________________________________________________________________________________
Community Related Activities or Volunteer Experience:

Name of Organization: ______________________________________; Length of Service: ______________

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Skills/Special Interests/Experience Related to Volunteer Positions Applied for: ______________________________

________________________________________________________________________________________

________________________________________________________________________________________

Why are you seeking this appointment? __________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Would any conflict of interest be created as a result of your appointment? ____yes  ____no  ____unsure

If yes, please explain: ______________________________________________________________________

________________________________________________________________________________________

References:  (Name)_______________________________________(Address)_________________________

1. Name:  ___________________________________________
   Address:  _______________________________________________________________________________
   Telephone:  ______________; Occupation:  __________________________;  Years Known:  _____

2. Name:  ___________________________________________
   Address:  _______________________________________________________________________________
   Telephone:  ______________; Occupation:  __________________________;  Years Known:  _____

How did you hear about this opening?  ____Reporter Newspaper  ____City Website  ____Facebook
   ____Letter from Staff  ____Email Announcement  ____School  ____Other:  ______________________

I certify that all statements are true and correct to the best of my knowledge and may be made available for
public inspection.

Signature:  ___________________________  Date:  ______________________________