



City of Port Orchard

216 Prospect Street, Port Orchard, WA 98366

(360) 876-4407 • FAX (360) 895-9029

Application for City of Port Orchard Advisory Boards

(Letter of Interest and Resume also accepted)

The City of Port Orchard operates Advisory Boards that provide services organization-wide. The purpose of these services is to enable the City to take advantage of the extraordinary reserve of knowledge, talent, and skill possessed by citizens within our community, and to capitalize on these abilities to augment City services. The City’s intent is also to provide opportunities to involve interested residents in local government .This application is designed to give applicants an opportunity to share their background, experience, interests, and skills, enabling the City to make the best possible placement.

Personal Information			
Last Name		First Name	Middle Initial
Address		City/State	Zip
Home Phone	Message Phone	Work Phone	Email

Board Information

Please indicate which board(s) you are interested in serving on:

- | | |
|--|---|
| <input type="checkbox"/> Planning Commission | <input type="checkbox"/> Animal Control Appeal Board |
| <input type="checkbox"/> Civil Service Commission | <input type="checkbox"/> Kitsap County Public Facilities Board |
| <input type="checkbox"/> LEOFF Board | <input type="checkbox"/> Kitsap County Solid Waste Advisory Committee |
| <input type="checkbox"/> Design Review Board | <input type="checkbox"/> Building Board of Appeals |
| <input type="checkbox"/> Kitsap Community Resource Board | <input type="checkbox"/> Kitsap County Grant Recommendation Committee |

Expertise and Education

Please list your areas of expertise and education that would benefit the board(s) for which you are applying for:

Activities

Please list your community and professional activities:

Goals

What would you hope to accomplish by your participation?

Professional References

Name	Address/City/State/Zip	Phone

Signature is Required

I am familiar with the responsibilities of the Boards and Commissions on which I wish to serve. By submitting this application, I hereby attest that the above information is accurate and true.

I give permission to have my photo taken and used for publicity purposes by the City. I authorize any necessary emergency medical treatment that might be required for me in the event of physical injury and/or accident to me while serving as commissioner or board member.

Signature

Date

Return completed and signed application to:

**City of Port Orchard
City Clerk
216 Prospect Street
Port Orchard, WA 98366
(360) 876-4407**

Additional information about specific City boards and commissions can be found online at www.cityofportorchard.us