



# South King County Community Network

232 2<sup>nd</sup> Ave. S., Suite 103 • Kent, WA 98032 • 253/850-5927 • Fax: 253/850-1389

## Board Member Application Form

Name: \_\_\_\_\_

### Residence Information

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

How long have you lived in King County? \_\_\_\_\_

### Employment Information

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

### For which type of Board membership to you wish to be considered?

Regular Board member only  Alternate Board membership

Either regular or alternate Board member

Do you live within the boundaries of a city?  Yes  No

Name of city you live in: \_\_\_\_\_

Name of unincorporated area you live in: \_\_\_\_\_

School district you live in:  Auburn  Enumclaw  Federal Way  Renton  
 Highline  Kent  Tahoma  Tukwila

There are two types of Board members on the SKCCN Board.

### Non-Fiduciary

1. Non-Fiduciary members must live within the boundaries of South King County.
2. Does not have a financial interest in a health, educational, social service or justice system organization that received public funds.
3. Is appointed by and reports about the SKCCN efforts to an appointing authority.

### Fiduciary

1. Fiduciary members must live OR work within the boundaries of South King County.
2. Does have a financial interest in a health, educational, social service or justice system organization that received public funds.
3. Is appointed by and reports about the SKCCN efforts to an appointing authority.

Which type of membership are you applying for:  Non-Fiduciary  Fiduciary

**If you are applying for a Fiduciary position:**

Fiduciary members are appointed by the following organizations. Please choose two areas you would be interested in representing.

- Cities
- King County
- Public Education
- Law Enforcement
- Parks & Recreation
- Employment Assistance
- Muckleshoot Tribe
- State children’s service workers
- Public social service providers, health service workers, non-secular organizations

**If you are applying for a Non-Fiduciary position:**

Non-Fiduciary members are appointed by the following organizations. Please choose two areas you would be interested in representing.

- Cities (3 members)
- King County (3 members)
- School Boards (3 members)
- Chambers of Commerce (3 members)
- High School Student (1 member)

Please indicate the various groups/areas that you feel you would like to represent (check all that apply):

- Elderly
- Merchant
- Abused Children
- Parent of preschool/elementary
- Parent of secondary/youth adult
- People w/o a high school diploma
- People with disabilities
- Drug/alcohol addicted people
- Persons with mental illness
- Private health services provider
- Education provider
- Private social services provider
- Family support workers
- Immigrant populations
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

Please indicate other Boards, Advisory Committees or groups you are now working with:

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Realistically, how much time can you dedicate to the Network?

- 10-12 hours per month
- More than 10-12 hours per month
- Other – please specify: \_\_\_\_\_

Will you need child care assistance to attend meetings?  Yes  No

Will you need transportation assistance to attend meetings?  Yes  No

Why do you want to serve on the SKCCN Board?

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What special skills, knowledge, or experience will you bring to the SKCCN Board?

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How will you support coalition building and maintaining communication with the community about the SKCCN and its mission?

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What other information would you like to share about yourself? (ie personal experience as a service recipient, knowledge of service programs, participation on advisory boards, community organizations, etc.)?

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## Voluntary Information

The following will be kept confidential. The legislative intent is to have as much diversity as possible on the Network Board. This information will be used to fulfill that intent. Providing this information is completely voluntary on your part. This information is not required to be considered for Board membership with the SKCCN.

Gender:  Female  Male

Race/Ethnicity (How do you identify yourself?); \_\_\_\_\_

Disabilities (

Please specify): \_\_\_\_\_

Highest Level of Education: \_\_\_\_\_

Primary language: \_\_\_\_\_

Family Income Level:

Under \$15,000

\$35,000 - \$45,000

\$15,000 - \$25,000

\$45,000 - \$55,000

\$25,000 - \$35,000

above \$55,000

Age: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_