



Community Service Application

FOR MEMBERSHIP ON THE

If asked, I would be willing to serve
on another board or Commission.

Yes No

City Board, Commission or Advisory Committee

Name _____

Home Phone # _____

Address _____

Work Phone # _____

Resident Yes No

Email: _____

Length of Residency _____

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1. List your educational background. _____

2. Please state your occupational background, beginning with your current occupation and employer.

3. Describe your involvement in the Bellevue community. _____

4. Describe your leadership roles and/or any special expertise you have which would be applicable to the position for which you are applying.

5. Describe why you are interested in serving in this position. _____

Appointment to this board, commission or advisory committee will require your consistent attendance at regularly scheduled meetings.

Are you available for evening meetings? _____ Daytime meetings? _____



Please return this application by the deadline to:

City of Bellevue
City Clerk's Office
P.O. Box 90012
Bellevue, WA 98009-9012

For further information, please call:

(425) 452-6466
Fax (425) 452-2734

Thank you for taking the time to fill out this application. Volunteers play a vital role in the Bellevue government. We appreciate your interest.