



Allocation Advisory Committee  
for Prevention Programs

**RETURN COMPLETED APPLICATION TO::**  
Community Connections  
Attn: Stephanie Bray  
1305 Tacoma Ave South, Suite 104  
Tacoma, WA 98402

## Advisory Board or Commission Application

PLEASE ATTACH RESUME IF AVAILABLE

I AM INTERESTED IN SERVING ON THE (Name of Board/Commission):		
Last Name	First Name	Middle Initial
Home Address		Home Phone (    )
Work Address		Work Phone (    )
(Please indicate preferred mailing address with an asterisk (*))		Pierce County Council District Number
Email Address (include home and/or work email)		
Occupation (If retired, please indicate former occupation)		
Education (Name of high school, college/university, year graduated, degree)		
Professional/Community Activities		
Qualifications Related to this Position		
Describe your interest in serving on this Board or Commission		
<p>The Executive seeks a diverse representation on boards/commissions. Information in this section will assist in achieving this goal, and is voluntary on your part.</p> <p>Asian _____ Black _____ Hispanic _____ Native American _____ White _____ Other _____</p> <p>Birthdate _____ Sex (F) _____ (M) _____ Handicap (Y/N) _____</p> <p>Spouse and/or member of immediate family employee of Pierce County: Yes _____ No _____</p>		

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**Boards & Commission Application Form, cont'd.**

**REFERENCES**

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Address:

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Home Phone:

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Work Phone:

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