



Allocation Advisory Committee  
for Prevention Programs

**RETURN COMPLETED APPLICATION TO::**

Community Services  
Attn: Stephanie Bray  
3602 Pacific Ave., Suite 200  
Tacoma, WA 98418-6813

## 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
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		
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.		
Asian _____ Black _____ Hispanic _____ Native American _____ White _____ Other _____		
Birthdate _____ Sex (F) _____ (M) _____ Handicap (Y/N) _____		
Spouse and/or member of immediate family employee of Pierce County: Yes _____ No _____		

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

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

**REFERENCES**

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

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_