



# The City of Port Angeles Advisory Board Application

---

## Parks, Recreation and Beautification Commission

### Applicant Name and General Information

Position applying for (check one):  Commissioner  Student Position

---

First MI Last

---

Address City State Zip

---

Home phone Work phone Cell phone

---

E-mail address

### Certification and Location Information

Are you employed by the City of Port Angeles?..... Yes No

Are you a citizen of the United States?..... Yes No

Are you a Registered Voter?..... Yes No

Are you a City resident?..... Yes No

If so, how long: .....

Do you own/manage a business in the City?..... Yes No

Do you hold any professional licenses, registrations or certificates in any field?..... Yes No

If so, please list: \_\_\_\_\_

---

Are you aware of any conflict of interest which might arise by your service on the advisory board that you are applying for?  
If so, please explain:

---

---

---



# The City of Port Angeles Advisory Board Application

---

## Work or Professional Experience - List most recent experience first, or attach a resume

---

Employer

---

Brief job description

---

Employer

---

Brief job description

---

Employer

---

Brief job description

## Education – List most recent experience first

		Yes	No
Institution/Location	Degree earned/Major area of Study	Graduated?	
		Yes	No
Institution/Location	Degree earned/Major area of Study	Graduated?	
		Yes	No
Institution/Location	Degree earned/Major area of Study	Graduated?	

## Charitable, Social and Civic Activities and Memberships – List major activities you have participated in during the last five years

---

Organization/Location

Group's purpose/objective

---

Brief description of your participation

---

Organization/Location

Group's purpose/objective

---

Brief description of your participation



# The City of Port Angeles Advisory Board Application

---

## Parks, Recreation and Beautification Commission Applicant Supplemental Questionnaire

1. This Commission focuses on three areas: parks, recreation, and beautification. If you had to choose, which of these three areas would be the primary one in which your interests and experience would be aimed?

---

---

---

---

2. What is your favorite City of Port Angeles parks and recreation facility and why?

---

---

---

---

3. Think of a Port Angeles park you visit. What would you do, or like to have done, to improve your experience? What do you love about this park?

---

---

---

---

---

**Applicant Signature**

**Date**

**Submit completed forms to:**

**Office of the City Clerk**

City of Port Angeles

321 East 5<sup>th</sup> Street

Port Angeles, WA 98362

**Kari Martinez-Bailey**

360-417-4634

kmbailey@cityofpa.us

In compliance with the Americans with Disabilities Act, if you need special accommodations because of a physical limitation, please contact the City Manager's Office at 360-417-4500 so appropriate arrangements can be made.

This document and all attached information is considered a public record and may be distributed to members of the City Council for appointment consideration. Additionally, it may become a part of a City Council packet.