

CHRISTINE O. GREGOIRE
Governor



OFFICE OF THE GOVERNOR

P.O. Box 40002 ♦ Olympia, Washington 98504-0002 ♦ (360) 902-4111 ♦ Fax 360 753-4110 ♦ TTY/TDD (360) 753-6466

Message from Governor Gregoire

Thank you for your interest in serving on a Washington State board or commission. Boards and Commissions are designed to give citizens a voice in their government and provide a means of influencing decisions that shape the quality of life for residents of our state. Participation on a board or commission is an effective way for individuals to help make government more responsive to its citizens.

Washington State has over 200 boards and commissions to which I appoint citizen members. Appointees are responsible for advising the governor, the legislature and state agencies. In some cases, a board or commission may be responsible for setting state policy and determining how the state's limited resources should be divided. I take great pride in appointing qualified, responsible members who reflect the diverse lifestyles of our state and who hold a strong belief in the public process.

Please complete the attached Application for Gubernatorial Appointment to a Board or Commission and return it, with a current résumé, to my Olympia office. Once your application has been received, my staff will notify you of the status of your application.

Again, thank you for your interest. Your willingness to serve the citizens of our state and to play such an important role in state government is deeply appreciated.

If you have any questions, please contact Gayatri Eassey, Governor's Special Assistant for Boards and Commissions, at (360) 902-4111.



APPLICATION FOR GUBERNATORIAL APPOINTMENT TO A BOARD OR COMMISSION

This form can be obtained electronically at <http://www.governor.wa.gov>, or by calling the Governor's Office at: (360) 902-4111.

Please return your completed application along with your resume to:

Office of the Governor, PO Box 40002, Olympia, WA 98504-0002 or fax to: 360 753-4110

Board(s) or Commission(s) for which you would like to be considered:

Name: _____

Business Contact Information

Home Contact Information

Business Address: _____

Home Address: _____

County: _____

County: _____

Business Phone: _____

Home Phone: _____

Business Cell: _____

Home Cell: _____

Business Fax: _____

Home Fax: _____

Business E-mail: _____

Home E-mail: _____

May we contact you via e-mail regarding the status of your application? Yes No

How may we best contact you?
 Business Phone
 Business Cell
 Home Phone
 Home Cell

Are you registered to vote in Washington State? Yes No
Legislative District of which you reside: _____
Congressional District of which you reside: _____

Birth Date: ____/____/____

*Your Legislative and Congressional District can be found on your Voter Identification Card

Have you ever been convicted of or found to have committed a crime or offense? (Do not include traffic offenses for which the fine was less than \$200.) Yes No

If "Yes," please attach an explanation to this application.

Education (high school, name and location of college or university, year graduated, and degree):

Current employment (job title, employer, employment date, contact, phone):

Licenses held (if applicable):

Professional References (name, title, relationship, contact phone number):

1)

2)

Personal References (name, title, relationship, contact phone number):

1)

2)

Previous employment or experience:

Memberships in professional, civic organizations or government boards or commissions (please include offices held and dates of terms):

Community service/volunteer activities:

Could you or any member of your family be affected financially by decisions made by the board or commission for which you are applying? Yes No

If "yes," explain:

Boards and Commissions meetings are held during the day. Are you able to come prepared and actively participate in day meetings?

Yes No

Why do you want to serve on this particular Board or Commission(s)? Please attach your explanation to this application.

Personal Information:

Female Male

Of what race or ethnicity do you consider yourself to be?

Black/African-American

White/Caucasian

Latino(a), Hispanic, or Spanish?

Asian or Pacific Islander American

American Indian or Alaska Native

If you are Latino(a), Hispanic, or Spanish, please check one box below:

If you are Asian or Pacific Islander, please check one box below:

If you are American Indian or Alaska Native, please check one box below:

Mexican, Mexican-American, Chicano

Chinese

Korean

Eskimo

Puerto Rican

Vietnamese

Japanese

Aleut

Cuban

Filipino

Other: _____

Enrolled or principal tribe if American Indian:

Other Latino(a), Hispanic, or Spanish
Enter group, such as Colombian, Dominican, etc.

Asian Indian

Tribe: _____

Group: _____

Other Race: _____

Do you have a permanent physical, sensory, or mental condition that limits your major life functions, such as working, caring for yourself, walking, doing things with your hands, seeing, hearing, speaking, and learning? Yes No

If "Yes," please attach an explanation to this application.

Have you ever been on active duty in the U.S. Armed Forces? Yes No

Are you a citizen of the United States? Yes No

If "Yes,":

Type of Discharge _____

Branch of Service _____

Campaigns _____

The above information is optional and not necessary to complete your application.

I hereby authorize that my criminal record history and tax records be released to the Governor or the Governor's representative and certify that the information provided in this application is true, correct and complete to the best of my knowledge.

Signature:

_____/_____/_____

