



# CITY OF KIRKLAND

## APPLICATION: *Human Services Advisory Committee*

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*Please print or type:*

Name \_\_\_\_\_

Date \_\_\_\_\_

Address \_\_\_\_\_

Phone - Work \_\_\_\_\_

\_\_\_\_\_

Home \_\_\_\_\_

Length of Residence \_\_\_\_\_

E-mail \_\_\_\_\_

Education: \_\_\_\_\_

Occupational Status and Background \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Organizational Affiliations \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Why are you seeking appointment? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

General Remarks \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature

Return form to City Clerk, City of Kirkland, 123 Fifth Avenue, Kirkland, WA 98033  
**Must be received by 4:00 p.m., Thursday, February 16, 2012.**