

Kirkland Initiative Application 2026



Name Required

Pronouns Required

Mailing Address Required

Phone Required

Email Required

We may contact you using this email address. By providing your email address, you agree to allow City of Kirkland to email you with information regarding The Kirkland Initiative.

Demographics

Do you work in Kirkland? (Select 1 option)

Yes

No

Occupation

Age Demographic (Select 1 option)

- 20–29
- 30–39
- 40–49
- 50–59
- 60+

Gender (Select 1 option)

- Man
- Woman
- Non-Binary
- Prefer not to answer

Do you belong to the LGBTQIA+ community? (Select 1 option)

- Yes
- No
- Prefer not to answer

Ethnic Background**How did you hear about the Kirkland Initiative?**

APPLICATION QUESTIONS

We would appreciate if you answer these questions thoroughly in approximately 100 words per question. Note that Question 2 is optional.

Assistance with your application/essays is available on request. Contact Daniel Lazo at DLazo@kirklandwa.gov to request assistance and please indicate if you have a language or culture preference.

Essays can be typed or written and attached as a separate word document, PDF, or verbally in an MP3 audio file. Files can also be emailed to DLazo@kirklandwa.gov. Maximum of 100 words per question.

If you prefer to send hard copies, mail to Daniel Lazo, City of Kirkland, The Kirkland Initiative, 123 5th Avenue, Kirkland, WA 98033.

Why do you want to participate in The Kirkland Initiative and how do you hope to further your involvement or impact at the city or in your community?

In approximately 100 words, be specific and provide details such as education, establishing connections, what you hope to do when you finish The Kirkland Initiative.

OPTIONAL: What would you like to share about your background, character or life experience that would make you a contributing member of the The Kirkland Initiative?

In approximately 100 words, share your cultural background, occupation, skills, hobbies, community relationships, etc.

Are there any external barriers that will prevent or limit your participation in the program?

Optional: Upload a separate Word document, PDF, or MP3 here

Please attach all files to the end of this form before submitting it.

End of form

Don't forget to attach all files before submitting this form