



## SNOHOMISH COUNTY EQUITY AND INCLUSION TASK FORCE APPLICATION FORM

Please answer each of the following questions as completely as you can. If you need additional space, please attach additional pages and mark your response with the corresponding number to the question.

### **NOMINEE: Please fill in this section**

New appointment: \_\_\_\_\_ Reappointment: 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_

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

Telephone (work): \_\_\_\_\_

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

Department: \_\_\_\_\_

Occupation: \_\_\_\_\_

Education or Experience: \_\_\_\_\_

Licenses or certifications held: \_\_\_\_\_

Why would you like to serve on the Snohomish County Equity and Inclusion Task Force? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please explain your interest and background in equity and inclusion work, including relevant professional and personal experience. \_\_\_\_\_

\_\_\_\_\_

What do you think will be your best contribution to the committee?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What do the words equity and inclusion mean to you?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list community involvement and volunteer activities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Do you speak any languages other than English? \_\_\_\_\_

Is there anything else that you'd like to share about yourself and your interest in serving on the Equity and Inclusion Task Force?

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**By signing this Application Form, the applicant acknowledges that he/she will comply with all county policies, county code, and state law. Applicant also acknowledges that any record, including personal e-mail, prepared, owned, used, or retained by Nominee in the conduct of Task Force business is a public record, and Applicant agrees to produce said records to County upon request. Failure to comply with the above provisions may result in Applicant's removal from the Task Force.**

**Please Note:** Participating in the Snohomish County Equity and Inclusion Task Force requires approximately 10 hours of service per month. A portion of employee's Task Force work will occur during normal working hours (five hours maximum per month). Applicants should expect to provide an additional five hours of service per month during non-working hours in a volunteer capacity. Please obtain your supervisor's signature acknowledging that they are aware of this commitment.

Applicant Signature: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please attach resume if available and return to:**

Alessandra Durham

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Everett, WA 98201-4046

(425) 388-3290 phone (425) 388-3434 fax [Alessandra.Durham@snoco.org](mailto:Alessandra.Durham@snoco.org)