



SUBMIT APPLICATION BY MAY 15, 2009

APPLICATION for SEQUIM SPEAKS

FOR SEQUIM SPEAKS VOLUNTEERS

Yes, I am willing to be a volunteer/outreach support person for Sequim Speaks.

NAME	EMAIL ADDRESS
STREET ADDRESS (no P.O. Box, please)	
HOME PHONE	BUSINESS or CELL PHONE
WHAT SKILLS CAN YOU CONTRIBUTE AS A VOLUNTEER? (i.e., outreach telephoning, emailing, ideas, organizing)	

FOR SEQUIM SPEAKS NEIGHBORHOOD QUADRANT REPRESENTATIVES

Yes, I am applying as a Neighborhood Quadrant Representative for Sequim Speaks

NAME	EMAIL ADDRESS
STREET ADDRESS (no P.O. Box, please)	
HOME PHONE	BUSINESS or CELL PHONE
HOW LONG HAVE YOU BEEN A RESIDENT OF THE GREATER SEQUIM AREA?	
WHICH NEIGHBORHOOD QUADRANT DO YOU LIVE IN: _____ NE _____ NW _____ SE _____ SW	
IF YOU OWN PROPERTY OR HAVE A BUSINESS IN A DIFFERENT QUADRANT, WHICH ONE? _____ NE _____ NW _____ SE _____ SW	
WHY WOULD YOU LIKE TO PARTICIPATE IN SEQUIM SPEAKS? WHAT WOULD YOU HOPE TO ACCOMPLISH?	

HAVE YOU PREVIOUSLY SERVED ON A CITY OF SEQUIM BOARD OR COMMISSION? IF YES, PLEASE EXPLAIN.

_____ Yes _____ No

FOR NEIGHBORHOOD QUADRANT REPRESENTATIVES, continued

WHAT OTHER COMMUNITY VOLUNTEER EXPERIENCE DO YOU HAVE?

WHAT ARE YOUR MAJOR CONCERNS OR INTERESTS?

DO YOU HAVE ANY SPECIAL SKILLS OR EXPERTISE THAT COULD BE APPLICABLE TO THIS COMMITTEE?

HAVE YOU EVER BEEN CONVICTED OF CRIMES OF VIOLENCE AGAINST OTHER PEOPLE?

____ Yes ____ No

SEQUIM SPEAKS COULD REQUIRE A MONTHLY MEETING. ARE YOU WILLING TO COMMIT THE TIME NECESSARY TO SUPPORT THIS COMMITTEE?

____ Yes ____ No

IS THERE ANYTHING ELSE YOU WOULD LIKE TO ADD TO THIS APPLICATION?

IN CASE OF EMERGENCY, PLEASE CONTACT:

X

Signature

Date

**SUBMIT APPLICATION TO:
Karen Kuznek-Reese, CMC
City Clerk
City of Sequim
152 W. Cedar Street, Sequim WA 98382
(360) 683-4139**