



Application for Commission Appointment Instructions

The LGBT Application form must be filled out and returned by email as a MS Word document in order to be considered.

- Fill out the form on the pages following these instructions. (page 2 and 3)
- Navigate through the form to answer the questions.
Note: For easier navigation you can press the F11 key to move through the form to the next question.
- Save the document, renaming the file by adding your name to the file name. Make sure you review the form to make sure it is filled in completely.
- Email this application along with the following additional attachments to Marta Idowu at marta.idowu@seattle.gov
 - a cover letter
 - a resume
 - a short bio

Note: all documents submitted for review must be in Word document format in order to be reviewed.

You may contact us via e-mail, the web <http://www.seattle.gov/LGBT/commissioners.htm> or telephone, (206) 684-4540/TTY 206-684-4503) with any questions.

Thank you for your application. If qualified, you will be contacted to schedule an interview after receipt of application materials.

Application for Commission Appointment: Please fill out both pages of this form and e-mail this application to Marta Idowu: marta.idowu@seattle.gov. **Please attach a cover letter, resume and short bio, or additional pages in Word file format. (.doc or .docx)**

Name:

Home Address:

Business Address:

Home/Cell Phone: ☐ Can leave msg

Business/Other Phone: ☐ Can leave msg

E-mail Address: May we contact you via E-mail for an interview? Yes ☐ No ☐

Current employment: (job title, employer, description of duties)

Current/Previous LGBT Advocacy experience: (organization(s), dates, outcomes, reference individuals), and community/national organization affiliations (describe involvement).

Reference Individual: (Name, Phone Number, E-mail)

Reference Individual: (Name, Phone Number, E-mail)

Please write about any other professional or personal experience that you would like the Commission to know about.

Expectations of Commissioners:

Are you willing to commit a minimum of 10 hours per month in Commission meetings and other projects? Yes ☐ No ☐

Are you willing to attend scheduled meetings, which occur on the third Thursday of each month, 6:30 – 8:30 p.m.? Yes ☐ No ☐

Statement of Purpose: Why would you like to serve as a Commissioner on the LGBT Commission? What do you hope to accomplish? (Feel free to use an additional page)

Skills & Expertise: To make certain we have the broadest array of voices from the LGBT community, we ask you that you identify the categories that describe you or your particular skills and/or expertise. Please check all that apply, and add additional items that you feel are appropriate.

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Youth | <input type="checkbox"/> Activism | <input type="checkbox"/> Social Justice | <input type="checkbox"/> Domestic/Relationship Violence |
| <input type="checkbox"/> Aging | <input type="checkbox"/> Media | <input type="checkbox"/> Racial Justice | <input type="checkbox"/> Police Oversight |
| <input type="checkbox"/> Trans*/GNC/GV | <input type="checkbox"/> Advertising | <input type="checkbox"/> Economic Justice | <input type="checkbox"/> Inclusion/Access |
| <input type="checkbox"/> Communities of Color | <input type="checkbox"/> Business | <input type="checkbox"/> Gender Justice | Other-areas of expertise not listed: Please list. |
| <input type="checkbox"/> People living with disabilities | <input type="checkbox"/> Non-Profit | <input type="checkbox"/> Religion/ Spirituality | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Homelessness | <input type="checkbox"/> Government | <input type="checkbox"/> Labor | <input type="checkbox"/> _____ |
| | <input type="checkbox"/> Philanthropy | <input type="checkbox"/> Employment | <input type="checkbox"/> _____ |
| | <input type="checkbox"/> Public Speaking | <input type="checkbox"/> Health/ Healthcare | <input type="checkbox"/> _____ |
| | <input type="checkbox"/> Policy Advocacy | <input type="checkbox"/> Social Services | |
| | <input type="checkbox"/> Board Experience | <input type="checkbox"/> Safety | |
| | <input type="checkbox"/> Grassroots Community Building | <input type="checkbox"/> Anti-Violence | |

Signature: By signing below, you are verifying that the information in this application is true and correct **Date**

Thank you for filling out this application.

Note: In accordance with City ordinance, the information on this application becomes a public record.

Demographics (optional):

Gender Identity (select as many as apply)

- ☐ Female
- ☐ Male
- ☐ Transgender/Trans*
- ☐ GenderQueer/Gender Non-Conforming/ Gender Variant
- ☐ Intersex

None of the above describes my gender identity. I identify as:

☐ _____

Race (select as many as apply)

- ☐ African/African American/Black/ Black Caribbean
- ☐ Asian/Asian American
- ☐ Biracial / Multiracial
- ☐ Latino/Latina/Hispanic
- ☐ American Indian/ Alaska Native/Native American/First Nations/Indigenous
- ☐ Pacific Islander/Native Hawaiian
- ☐ White/Caucasian/European American
- ☐ Middle Eastern/ Arab/ Arab American

None of the above describes my racial identity. I identify as:

☐ _____

☐ _____

Sexual Identity (select as many as apply)

- ☐ Straight or Heterosexual
- ☐ Gay or Lesbian
- ☐ Bisexual
- ☐ Queer

None of the above describes my sexual identity. I identify as:

☐ _____

Select as many as apply

- ☐ Youth
- ☐ Senior/ Elder
- ☐ Single
- ☐ Parent
- ☐ Married
- ☐ Partnered
- ☐ Differently Abled/ Living with a Disability
- ☐ Person of Faith
- ☐ Veteran

Other demographic information you wish to share:

- ☐ _____
- ☐ _____