

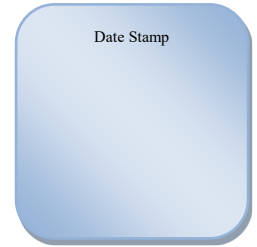


Application For City Council District 2 Position 2

The information provided on this questionnaire will be used by the City Council in considering your appointment.

Please complete each section, if applicable.

Please attach additional materials (Resume, Letters of Reference) that you would like considered as part of your Application.



Applicant's Name: _____

Residence Address: _____

Mailing Address: _____

Email: _____ Home Phone: _____ Cell Phone: _____

How long have you been a continuous resident of the City of Spokane and of District 2 _____

If less than seven years, please list all addresses within last seven years. _____

Are you registered to vote in the City of Spokane? _____

Do you meet all of the qualifications to hold elective offices as defined in the Spokane City Charter Article II Section 6? _____

EDUCATIONAL HISTORY

High School: _____ Diploma Earned: _____

Address: _____

College/University: _____ Degree Earned: _____

Address: _____

Any other training or education that you believe is relevant? _____

EMPLOYMENT HISTORY

Current or Last Employer: _____ Position: _____ Dates: _____

Address: _____ Phone: _____

Previous Employer: _____ Position: _____ Dates: _____

Address: _____ Phone: _____

ORGANIZATIONS AND CIVIC EXPERIENCE

List any community, civic, trade or professional organization in which you have been active.

Organization/Project _____ City/State _____ To/From _____

Organization/Project _____ City/State _____ To/From _____

Organization/Project _____ City/State _____ To/From _____

Have you ever been elected or appointed to any public office, board or commission in Washington State. If so, please list.

Title/Position _____ Office/Board/Commission _____ Election/Appt. Date _____ Term Length _____

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SUPPLEMENTAL QUESTIONS

(Please use an additional page to answer the following. Limit answers to 200 words each.)

1. Why are you interested in serving on the City Council?
2. What do you think the role of municipal government should be?
3. What do you think the Spokane City Council’s role in this municipal government should be?
4. How does your specific experience make you qualified to serve as a City Council member?
5. What, if any, is your budget management experience?
6. Describe your civic involvement in the Spokane community.
7. Given that Council Members have a full work load each week, do you have the availability to attend all meetings, meet with constituents, spend the time to become informed for meetings, engage in outreach to the community, and attend all required intergovernmental boards and commissions assigned to you?
8. Do you think the City has a role in increasing environmental sustainability and reducing or mitigating the effects of climate change?
9. What is the City Council’s role in creating solutions for people experiencing homelessness?
10. What is the City Council’s role in increasing affordable and workforce housing?
11. How involved do you think the City Council should be in criminal justice reform and diversion?
12. What involvement should the City have in multi-modal transportation and transit?
13. How important do you think equity and inclusion are when it comes to City hiring and appointments to boards and commissions, and why?
14. Is there any other information that you believe should be considered? If so, please explain.



REFERENCES

The following individuals are qualified to comment on my capabilities. Please identify one personal and two professional references.

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

UNDERSTANDING OF APPLICATION

I, _____, certify that I have read and understand all questions and statements contained in this application, further, that all statements I have made herein are true and correct to the best of my knowledge and belief.

I understand that applications are subject to the Washington State Public Records Act, which provides an exemption from public inspection and copying of certain personal information as set forth in the Act.

NOTE: Information contrary to State laws against discrimination is not sought or utilized.

SIGNATURE OF APPLICANT: _____ DATE: _____

**PLEASE RETURN A HARD COPY OF THIS FORM TO THE
CITY CLERK'S OFFICE – CITY HALL, 5TH FLOOR**