

**Community Assembly  
Supplementary Application and Questionnaire**

NAME: \_\_\_\_\_

Position applied for: **Community Assembly Liaison Member  
Spokane Plan Commission**

**In a separate document to accompany this form, please supplement or add to the information you have provided on the city's *Application for Committees/Boards/Commissions* and submit everything together.**

**A. Educational History**

Describe your higher education background, higher education major(s) and degree(s), and any other formal education or certifications earned.

**B. Employment History**

Outline your employment history, and discuss any employment positions held and skills employment has provided that relate to this position.

**C. Involvement in the Community**

List the community projects, and/or community, civic, trade or professional organization in which you have been active.

Highlight the organizations that have provided the opportunity to experience and to learn in matters that relate to this position.

Discuss the community projects that have provided the opportunity to experience and learn in matters related to this position.

**D. Skills and Special Interests**

Discuss any further skills, interests and/or other experiences gained that relate to this position.

**Neighborhood Council Connection**

Which neighborhood council do you relate to? \_\_\_\_\_

Do you maintain voting member status in this neighborhood council? Yes \_\_\_\_\_ No \_\_\_\_\_

Please supply a neighborhood council reference.

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Affirmation of Duties and Responsibilities**

Sign and date the affirmation statement on the second page of this form.

**Application Submission**

**DEADLINE = November 21, 2025**

Email scanned PDFs to both:

Paul Kropp, Liaison Committee Chair (and)  
[pkropp@fastmail.fm](mailto:pkropp@fastmail.fm)  
Gabby Ryan, Neighborhood Services  
[gryan@spokanecity.org](mailto:gryan@spokanecity.org)

Or mail paper documents to:

CA Liaison Committee c/o Gabby Ryan  
Neighborhood Services  
808 W. Spokane Falls Blvd, Spokane WA 99201

PLAN COMMISSION LIAISON MEMBER  
SUPPLEMENTARY APPLICATION

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NAME: \_\_\_\_\_

Please refer to the provisions for the Plan Commission's functions and membership responsibilities in the city's municipal code at SMC 04.12.

**Affirmation**

*I understand the Community Assembly's liaison position provides a regular conduit for information between the Community Assembly, its constituent neighborhood councils, and the City of Spokane's Plan Commission with the duty to serve as a voice both to and on behalf of the city's Community Assembly and neighborhood councils.*

*I understand the Plan Commission's mission is to advise the city council principally as to matters of land use and property development policies and regulations under the comprehensive plan, and of the annual capital facilities plan updates (streets, utilities, etc.) consistent with the comprehensive plan.*

*I understand the Community Assembly's liaison is a non-voting member of the Plan Commission who may participate as any commission member in commission business, including participation in deliberations at hearings, except for bringing motions or voting on matters that may be subject to an official decision or recommendation by the commission.*

*I understand the Community Assembly's Plan Commission liaison is subject to the Plan Commission's Rules of Procedure and Code of Conduct, including standards pertaining to ex parte communications, conflict of interest, and recusal.*

*I understand it is my obligation to inform the Plan Commission in advance of any expected absence from scheduled meetings and hearings.*

*I understand the Community Assembly's Plan Commission liaison is expected to submit concise written reports for each Community Assembly monthly meeting agenda packet, to attend Community Assembly meetings and Community Assembly Land Use Committee meetings, to provide an annual in person report at a Community Assembly meeting, and to meet at least once per year with the Community Assembly's Liaison Committee.*

*I am aware of the role and responsibilities of the Community Assembly's Plan Commission liaison position, of the time commitment required, and of the three-year term of appointment that may be renewed once.*

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