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| Vashon Island Ferry Advisory committeeApplication Form *To be considered, applications must be received by 5:00 PM on June 13, 3018* | L:\COMMUNICATIONS\Logos\KClogo_v_bw_m.tiff |

***PLEASE NOTE: Information provided on this form will be a public record subject to free and open examination by any person under the Washington State Public Records Act (RCW 42.56.250). While the applicant’s name will be disclosed, the applicant’s address, phone number, and email address will be redacted.***

Thank you for your interest in serving on the Vashon Island Ferry Advisory Committee (FAC). [State law](http://apps.leg.wa.gov/RCW/default.aspx?cite=47.60.310) directs the King County Council to appoint members to the Vashon Island FAC. FACs advise and provide input to the Washington State Ferries (WSF) on:

* State ferry schedule development
* Fare and pricing policy for presentation to the Washington State Transportation Commission
* Biannual ferry user data service conducted by the Washington Transportation Commission
* Route input for WSF’s every-decade Long Range Plan
* Terminal and vessel passenger area concerns, and
* Regional issues relevant to state ferry service.

According to state law, there are three members of the Vashon Ferry Advisory Committee:

* Each member shall reside within the vicinity of the Vashon Island ferry terminal
* At least one person appointed shall be a representative of an established ferry user group or of frequent users of the ferry system, and
* Not more than two members of the Vashon Island Ferry Advisory Committee may be from the same political party at the time of their appointment.

Individuals appointed to serve on a board or commission that is overseen by an agency independent of King County government (such as the Vashon Island Ferry Advisory Committee) are exempt from financial disclosure filing requirements. However, FACs are subject to the [Washington State Open Public Meeting Act](http://apps.leg.wa.gov/rcw/default.aspx?cite=42.30).

## Name:

|  |
| --- |
|  |

## Preferred Contact Information:

|  |  |
| --- | --- |
| Address |  |
| City, State, Zip Code |  |
| Home Phone |  |
| Work Phone |  |
| Cell Phone |  |
| Email Address |  |

## Physical Home Address (REQUIRED if different from preferred mailing address)

|  |  |
| --- | --- |
| Home Address |  |
| City, State, Zip Code |  |

## Do you live in the vicinity of the Vashon Island ferry terminal?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

## Current Employer

|  |  |
| --- | --- |
| Job Title |  |
| Date of Employment |  |
| Company Name |  |
| Street Address |  |
| City, State, Zip Code |  |

## Do you hold any professional licenses, registrations or certificates in any field *(Please type an “X” in the box*)?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

If you hold any professional licenses, please list them here:

|  |
| --- |
|  |

## Have you served on any other Boards, Commissions, or Committees (Please list them below)?

|  |  |  |
| --- | --- | --- |
| **Board, Commission or Committee Names** | **Year Appointed** | **Term Expired** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

## Political Party Affiliation (Required by state law)

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| --- |
|  |

## Please describe what you use the state ferry for and how often you use it (commuting, to reach services, once a week, occasionally, etc).

|  |
| --- |
|  |

## Please explain why you feel you are the most qualified candidate for this appointment.

|  |
| --- |
|  |

## How did you learn of this opportunity?

|  |
| --- |
|  |

## PERSONAL INFORMATION (OPTIONAL)

The King County Council and the King County Executive are committed to inclusiveness and outreach to all King County residents to ensure that King County boards and commissions are reflective of the community we serve. Providing information in the section below is voluntary but will assist in achieving this goal.

|  |  |
| --- | --- |
| Race/Ethnicity: |  |
| Gender: |  |
| Sexual Orientation: |  |

**Do you have a disability as defined by the Americans with Disabilities Act?**

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

**Generation Range:**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 30 or younger |  | 31-41 |  | 42-52 |  | 53-63 |  | 64-74 |  | 75 or older |  |

## Person to Notify in Case of Emergency (OPTIONAL)

|  |  |
| --- | --- |
| Name |  |
| Home Phone |  |
| Work Phone |  |
| Cell Phone |  |

## Agreement and Signature

### By submitting this application, I affirm that the facts set forth in it are true and complete to the best of my knowledge.

|  |  |
| --- | --- |
| Name *(typed or signature)* |  |
| Date |  |

## Please return completed form by email OR mail (applications must be received by 5 PM on June 13, 2018):

**MAIL:** King County Council **EMAIL:** [Melissa.Bailey@kingcounty.gov](mailto:Melissa.Bailey@kingcounty.gov)

Office of Councilmember Joe McDermott

King County Courthouse

516 Third Avenue, Suite 1200

Seattle, WA 98104

This material is available in alternate formats for persons with disabilities.

Please contact 206-263-9651, TTY Relay: 711, or e-mail [Melissa.Bailey@kingcounty.gov](mailto:Melissa.Bailey@kingcounty.gov)