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**KING COUNTY PUBLIC DEFENSE ADVISORY BOARD APPLICATION FORM**

***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). However, while we will disclose the applicant’s name, the applicant’s address, phone number, and email address will be redacted.***

Thank you for your interest in serving on the Public Defense Advisory Board. Individuals selected to serve on PDAB will also be required to complete a King County Ethics Program Financial Disclosure Form within two weeks of being nominated. You can learn more about PDAB by visiting its webpage: [Public Defense Advisory Board - King County](https://kingcounty.gov/depts/public-defense/public-defense-advisory-board.aspx)

A resumé – along with a cover letter explaining your interest in the Public Defense Advisory Board and how your professional or personal experience interests with the work of public defense – may be submitted in lieu of a completed application form. The resumé must also include a preferred mailing address, physical home address, and email address. Please send your resume and cover letter to [PDABApplications@kingcounty.gov](mailto:PDABApplications@kingcounty.gov).

## 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 |  |

## Current Employer

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

## King County Council District I reside in *(Please type an “X” in the box to the right of your district*):

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 |  | 2 |  | 3 |  | 4 |  | 5 |  | 6 |  | 7 |  | 8 |  | 9 |  | Don’t Know |  |

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

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

## Please explain how your professional or personal experience intersects with the work of public defense and the needs of public defense clients.

|  |
| --- |
|  |

## How did you learn of this opportunity?

|  |
| --- |
|  |

## 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:

|  |
| --- |
|  |

## 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 us in achieving this goal.

**How do you identify?**

|  |  |
| --- | --- |
| Race/Ethnicity: |  |
| Gender: |  |
| Orientation: |  |
| Personal Pronoun:  *(he/him; she/her; they/them, etc.)* |  |

**Do you have a disability as defined by the Americans with Disabilities Act? *(Please type an “X” in the boxes that apply to you)***

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

**Generation Range *(Please type an “X” to the right of the age range that applies to you):***

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 information I have provided in this application are true and complete to the best of my knowledge.

|  |  |
| --- | --- |
| Type your name |  |
| Date |  |

**Please return your completed form to:** [PDABApplications@kingcounty.gov](mailto:PDABApplications@kingcounty.gov)