Thank you for your interest in serving on the Communities of Opportunity (COO) Governance Group! Individuals selected to serve will be required to submit a statement of Financial Interest and Code of Conduct form andmay also be required to complete a King County Ethics Program Financial Disclosure Form within two weeks of being nominated to serve.

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

|  |
| --- |
| **Name**  *First Middle Initial Last* |

## Preferred Contact Information:

|  |  |  |  |
| --- | --- | --- | --- |
| **Phone Number** | | **Email Address** |  |
| **Address** |  | | |
| **City, State, Zip Code** |  | | |

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

|  |  |
| --- | --- |
| **Home 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** |  |

You can use this link to [*find your district in King County*](https://kingcounty.gov/depts/elections/elections/maps/find-my-districts.aspx).

**Current Employer**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Job Title & Employer** | |  | | | | |
| **Employment Address** | |  | | | | |
| **City** |  | | **State** |  | **Zip** |  |

**How did you learn of this opportunity?**

|  |
| --- |
|  |

## Composition of COO Board

The Governance Group includes representatives from COO-funded partner organizations. These questions help us meet membership requirements of COO by King County Ordinance.

*\*COO funded partners are identified* [*here*](https://www.coopartnerships.org/partners)*.*

**Are you a member of a Communities of Opportunity Place-Based or Cultural Community Partnership?**

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

*If yes,* please indicate the partnership(s) you represent by typing an “X” in the box to the left of the partnership name:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | White Center |  | SeaTac/Tukwila |  | Rainier Valley |
|  | |  |  |  |  |
|  | A Supportive Community  for All/Snoqualmie Valley |  | Kent Community Development  Collaborative |  | Comunidad Latina de  Vashon |
|  |  |  |
|  | Replanting Roots, Rebuilding  Community/Central Area |  | SUNN Collaborative (Seattle  Urban Native Nonprofits) |  | Transgender Economic  Empowerment Coalition (TEEC) |
|  |  |  |

**Are you a grantee of the Communities of Opportunity Systems & Policy program strategy?**

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

*If yes*, please indicate what organization:

**Are you a grantee of the Communities of Opportunity Learning Community program strategy?**

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

*If yes*, please indicate what organization:

The COO Governance Group composition is designed to reflect the diversity in King County as well as specific experiences, knowledge, and expertise related to the initiative’s goals for greater racial, social, economic, and health equity. **If you are interested in being considered to be a representative for a specific community or sector, please indicate below** by checking the box(es) to the left of the board membership position(s) of interest to you. This information will help us meet membership requirements of King County Ordinance.

|  |  |
| --- | --- |
|  | Community member representation (***not*** COO-funded) e.g., having worked in COO communities have lived experience and deep connection to those communities, and/or are grassroots organizers or activists in those communities [*please* s*pecify*]: |
|  | Indigenous or Urban Native community-based organization or tribal representation [*please specify]:* |
|  | Specific system or sector-based knowledge related to: Housing, Health, Economic Opportunity, or Community Connection / Civic Engagement [*please* s*pecify*]: |

## Prior Board/Committee Experience

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

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

## References

Please list two people who COO can contact who are familiar with your background/experience working with communities on issues such as equitable community development, affordable housing, health, economic prosperity, community and civic engagement, community power building, and racial equity and social justice.

|  |  |  |
| --- | --- | --- |
| ***Name of Reference*** | ***Email Address or Phone Number*** | ***Relationship to Applicant*** |
|  |  |  |
|  |  |  |

## Application Questions

**Please provide answers to the question below. You may use a separate word doc or pdf attachment.** Be sure to include your name on any separate documents submitted as part of your application.

1. Why you are interested in participating on the Governance Group – and what is your vision and hope for Communities of Opportunity over the next five years?
2. Tell us how your background has shaped how you approach building equity?
3. Tell us about your experience as a community leader with:
   1. Community health and well-being, affordable housing, community development, economic opportunity, and/or community connection and civic engagement?
   2. Racial equity and social justice issues?
   3. Organizing, advocacy, and community power-building?
4. Anything else that you would like us to know about your interest in serving on the Governance Group?

## 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.  **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 |  | |

## Agreement and Signature (required)

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

Signature (E-signature accepted) Date

**Once complete please save your application form with your name in the file title**

**(PDFs preferred, word doc ok)**

**Submit your completed application materials: (1) application form, and (2) response to the application questions by email to:** [info@coopartnerships.org](mailto:info@coopartnerships.org)

**Applications will be accepted on a rolling basis.**

**If you need the application in alternate formats, or**

**if you have questions about the application, please contact:**

[**info@coopartnerships.org**](mailto:andrea.akita@kingcounty.gov)