



Application for Advisory Body Appointment

ADVISORY BOARD				
Applicant completes:				
NAME		TELEPHONE NUMBER(S) (INCLUDE AREA CODE)		
		HOME:	WORK:	
HOME ADDRESS: STREET		CITY	ZIP CODE	
BUSINESS ADDRESS: STREET		CITY	ZIP CODE	
STATE LEGISLATIVE DISTRICT	CONGRESSIONAL DISTRICT	RACE	SEX	DATE OF BIRTH
EDUCATION (HIGH SCHOOL, COLLEGE LOCATION, YEAR GRADUATED, DEGREE)				
PRESENT OCCUPATION AND EMPLOYER				
PREVIOUS EMPLOYMENT EXPERIENCE				
MEMBERSHIP IN PROFESSIONAL/COMMUNITY ORGANIZATIONS (LIST OFFICES HELD)				
SPECIAL INTERESTS				
a. What is your particular interest in this advisory body?				
b. Is there any factor which would cause a potential conflict of interest with your responsibilities as a DSHS advisory committee member?				
Please attach resume if available.		SIGNATURE		DATE

Advisory body staff person completes:

STAFF PERSONS NAME

TELEPHONE NUMBER(S) (INCLUDE AREA CODE)

STAFF PERSON'S ADDRESS

How was this nominee brought to your attention (e.g., recommended by professional associate)?

What does this person contribute to this committee (skills, strengths, interests)?

Recommendations regarding appointment, based upon analysis of composition of the advisory body and what the proposed applicant would bring to the group:

SIGNATURE

DATE