



# Advisory Council Application

*Please attach resume if available.*

*Thank you for your interest in serving on a Metro Parks Tacoma Advisory Council.*

*Council members serve in an advisory capacity, making recommendations to staff and the Board of Park Commissioners. This may include reviewing studies to assess community needs and making recommendations on topics such as policies, budget, programming, operations, etc. Members may also represent their programs to the larger community in garnering support and recognition.*

*Advisory council members serve three year terms.*

I am interested in serving on the following Advisory Council:

- Culture & Heritage Advisory Council:** will address historic preservation, special events, arts programming, and other programs, facilities and services in the Metro Parks Tacoma inventory which celebrate our heritage, culture, and community living.
- Active Lifestyles & Community Wellness Advisory Council :** will address youth and adult sports, swimming and aquatic programs, youth programming, specialized recreation and other programs, facilities and services in the Metro Parks Tacoma inventory which promote active lifestyles and community wellness.
- Nature & Environment Advisory Council:** will address environmental education, marine and shoreline issues, open space, garden management and our neighborhood, community and regional parks in the Metro Parks Tacoma inventory which foster an appreciation of our natural world and role as environmental stewards.
- Business & Responsive Agency Advisory Council:** will address business planning, financial sustainability, revenue development and quality assurance activities of the organization.

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

Phone (H): \_\_\_\_\_ (W): \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

*(If retired, please indicate former occupation)*

E-mail Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

Work Address: \_\_\_\_\_

*(Please indicate preferred mailing address with an asterisk)*

Education: \_\_\_\_\_

*(Name of high school; college/university; year graduated/degree)*

Why are you interested in serving on this Advisory Council?: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Qualifications related to this position: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Professional/Community Activities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List past and/or current involvement with Metro Parks Tacoma programs or operations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**References**

---

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone (H): \_\_\_\_\_ (W): \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone (H): \_\_\_\_\_ (W): \_\_\_\_\_

— **Return completed form to** —  
Community Development Office  
Metro Parks Tacoma  
4702 South 19th Street  
Tacoma, WA 98405  
Phone: 253-305-1068 • Fax: 253-305-1098