



Department of Community Health
PO Box 1753
Walla Walla, WA 99362
sknutson@co.walla-walla.wa.us

COUNCIL ON HOUSING BOARD APPLICATION

Name:

Phone (best to contact you):

E-mail address:

Mailing Address:

Employer/Occupation:

Are a resident in Walla Walla County? yes no

Are you a resident of a city? If yes, which one.

Please check what sector you represent and your role:

Veteran's Administration

Healthcare

Housing Provider

Financial Sector

Education

Realtor

Business Sector

Domestic Violence Shelter

Other

The meeting commitment for the Council on Housing is one per month for nine months of the year. There is also an expectation that board members will serve on at least one committee.

Please respond to the following questions (you may attach up to one additional page, double sided, no smaller than 11-pt font in responding to the questions):



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What community activities have you participated in during the past five years?

Have you previously served on a board or commission within a city or county? If yes, please share which board or commission.

Please provide a brief background on your job experience, education, skills, and special areas of interest that relate to the Council on Housing.

What problems, issues, or concerns do you see facing this particular board and how would you propose they be addressed?



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What specific knowledge, skills, experience, or your neighborhood community do you have to contribute to the Council on Housing?

What is your motivation to serve on the Council on Housing Board?

A goal of the Council on Housing Board is to have broad representation of the community serve on the board. Please respond to the following demographic questions:

<u>Age Range</u>	Male	Female
18-40		
40-60		
60+		

Ethnic origin: Please specify your ethnicity.

- White
- Hispanic or Latino
- Black or African American
- Native American or American Indian
- Asian / Pacific Islander
- Other

Have you experienced homelessness, currently or previously

- Yes
- No



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I certify, by checking this box and printing my name below, that the information submitted in this application is true and accurate.

Signature

Date: