## PARK ADVISORY BOARD VACANCY

The City of Airway Heights is now accepting applications from interested individuals with the following qualifications:



- Resident of Airway Heights for at least one year continuously prior to date of application;
- Currently registered voter; and
- A desire to be part of a dynamic team dedicated to the future of Airway Heights.

## **Board Appointee Description:**

- Reviews and makes recommendations regarding city park facilities to include land acquisition and capital improvement needs.
- Reviews issues regarding the direction of the parks in the planning and development of facilities and programs.
- Make recommendations to City Council for direction of programs and facilities.

## **BACKGROUND INFORMATION**

City of Airway Heights City Council, Commission, Committee, or Board Position

Name:		
Mailing Address:		
Physical Address:		
Home Phone:	Work Phone:	
Length of Airway Heights Residency: _	_ Years Months	
Registered Voter?YesNo		
Please list any elected, appointed or vo		
Experience relevant to the position you	are seeking:	
	ations (include offices held and dates of	
Have you served on any City of Airway	Heights committees? If so, please list:	
I certify that my answers are true and c	omplete to the best of my knowledge.	
	Date:	
Please turn in this form to: City of Airwa	ay Heights, City Hall 1208 South Lundstrom St.,	

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## CONSENT TO RELEASE INFORMATION AND RELEASE FROM LIABILITY TO WHOM IT MAY CONCERN:

I am an applicant for a volunteer position with the City of Airway Heights. I understand that the City needs to investigate my background to evaluate my qualifications to hold the position for which I have applied. I have authorized the City to gather all available information regarding my background, personal history, and other information, which may be of a confidential or privileged nature.

I, the undersigned, authorize you to furnish the City of Airway Heights any and all information that you have concerning me, including my background, my criminal history, including any arrest records and any information contained in investigatory files. I request your cooperation in supplying this information to the City of Airway Heights.

I hereby agree to release you and those who supplied you with the above information, your company or organization, and the City of Airway Heights and its employees from any liability for any damage which may result from furnishing the requested information.

I understand my rights under Title 5, United States Code Section 552a, the Privacy Act of 1974, with regard to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the City of Airway Heights in conjunction with employment procedures. I will make no attempt to gain access to the information provided by you to the City of Airway Heights.

Applicant's Signature:	Phone # :
Applicant's Current Address:	
Applicant's Social Security #: Note: A photocopy of this request shall original.	Birth Date:be for all intents and purposes as valid as the
STATE OF WASHINGTON ) ) ss.	
County of Spokane ) On this day of State of Washington, duly commissioned ar	, 20, before me, a Notary Public in and for the nd sworn, personally appeared wn to me to be the individual who executed the within
and forgoing instrument, and acknowledged act and deed, for the uses and purposes the	that they signed the same as their free and voluntary
	NOTARY PUBLIC in and for the State of Washington, residing at My commission expires