



**City of Tukwila's
Community Leadership Initiative
Application**

Last name: _____

First name: _____

If you need assistance in completing the application, please contact Niesha Fort-Brooks: 206-406-6692, or email: Niesha.Fort-Brooks@TukwilaWA.gov

APPLICATION RECEIVED

About me:

Address _____ Unit No. _____ Best phone number: _____

City _____ State _____ ZIP _____

How do you self-identify? _____ Physical limitations? _____

In case of emergency, please notify:

1) Name: _____ Relationship: _____ Phone: _____

2) Name: _____ Relationship: _____ Phone: _____

Volunteer Experience/Skills:

Note: Experience can be community building, organizing, supporting, volunteering, or employment.

Do you speak another language? ☐ No ☐ Yes ➡ Which language? _____

Have you volunteered before? ☐ No ☐ Yes ➡ Role: _____

Describe the work _____

Agency _____ Phone _____

Address _____ May we contact this agency? ☐ Yes ☐ No

What are your educational goals? _____

Work or Volunteer History Section

Current or Past Employment/Volunteer Experience _____ Phone _____

Address _____

Role _____ Date work started _____

Description of Duties _____

Point of Contact _____ May we contact this person? ☐ Yes ☐ No



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Current or Past Employment/Volunteer Experience _____ Phone _____

Address _____

Role _____ Date employment started _____

Description of Duties _____

Point of contact _____ May we contact this person? ☐ Yes ☐ No

Please list two references:

Name _____ Phone _____

Name _____ Phone _____

What does leadership and advocacy mean to you?

PARENTAL CONSENT *(to be completed if applicant is under 18 years of age)*

I give my consent for my child, named on page one of this application, to provide volunteer services to Project Understanding. I also give Project Understanding my consent to obtain any emergency medical treatment necessary for the safety of my child.

Parent/guardian signature _____

Parent/guardian print name _____ Date _____

My signature below certifies that all statements made on this application are true, complete and correct to the best of my knowledge and belief. I understand these statements are subject to verification. I understand that falsification on this application can disqualify me from consideration or result in my volunteer services being denied. Furthermore, my signature below provides my authorization to Project Understanding to conduct driver license and motor vehicle record checks as needed, as well as reference checks to determine my suitability for placement.

I hereby release all parties from any liability for furnishing this information.

Applicant signature _____ Date _____