



RENEWAL QUICK FORM

ADVISORY COUNCIL MEMBER PROFILE

Thank you for your dedication and continued involvement as an Advisory Council Member. You have committed your time and energy to a volunteer role that is an integral part of the SPR and ARC partnership. Your efforts have helped prioritize the voice and needs of your neighbors, program participants, and residents of Seattle at-large.

We are conscious of your time as a volunteer, therefore created an expedited renewal form. Please **check the box** to signify you wish to renew your membership and **provide a copy of your current state issued ID** to **Casey King** at casey.king@seattle.gov or via text message at (206) 388-9554. The partnership requires five levels of sequential approval, we appreciate your patience during this process. After approval you will receive the official notice of your new term. We look forward to continuing to support your success in this important and valuable volunteer position.

If you need assistance or have questions at any time during the application process, please do not hesitate to contact us directly. If circumstances have changed and you wish to resign from an advisory council please check the appropriate box below and return the form to **Casey King** at casey.king@seattle.gov or **Sebastian Wilson** at sebastian.wilson@seattle.gov directly.

I choose **TO RENEW** my membership

I choose **TO RESIGN** from the council

If any information has changed recently, please provide the most up to date home address, contact information, or emergency contact information so we can update ARC records.

Advisory Council:		Date:	
Applicant Name:			
Applicant Address:		City:	Zip:
Primary Phone:	Preferred Contact Method	E-mail:	
Employer:		Job Title:	
Emergency Contact Name:	Relationship:	Emergency Contact Phone:	
Demographic Information			
Race or Ethnicity:	Home Language:	Gender:	

Please select your intended term length:

1 Year

2 Years

3 Years

PERMISSIONS

Do you grant permission to ARC to share your email address with other Advisory Council members citywide to streamline communications between councils?

If you **AGREE**, **Initial Here** _____ (You may share my email with other council members)

Photographs (stills and video) of you may be used for the City of Seattle, its Department of Parks and Recreation, or Associated Recreation Council or Advisory Council, publications.

If you **AGREE**, **Initial Here** _____ (You may use my photograph)

WASHINGTON STATE PATROL
Identification and Background Check Section
PO Box 42633
Olympia WA 98504-2633
(360) 534-2000
<http://watch.wsp.wa.gov>



REQUEST FOR CONVICTION CRIMINAL HISTORY RECORD (RCW 10.97)

- ☐ **\$16 Fee — Conviction Criminal History Record Information Based on Name and Date of Birth**
• For a \$12 fee and an immediate response using a credit card, access our web site listed above.
- ☐ **\$38 Fee — Conviction Criminal History Record Information Based on Fingerprints**
• A full set of fingerprints on a fingerprint card is required for processing.
- ☐ **\$10 Fee per Notary Seal — Notary Letter(s) in Addition to Criminal History Record Check**
• Requesting _____ Notarized Letter(s)

NOTE: The requested record information is furnished solely on the basis of name and/or description similarity with the subject of your inquiry. Positive identification or non-identification can only be effected upon receipt of fingerprints. Applicant may be advised of inquiry.

SUBJECT INFORMATION: (Please type or print clearly)

Applicant's Name _____
Last First Middle

Alias/Maiden Name/Other Names Used _____

Date of Birth _____
Month/Day/Year

REQUESTOR INFORMATION: (Please type or print clearly)

Name _____ Associated Recreation Council

Address _____
300 Elliott W, Suite 100

Seattle WA 98119
City State ZIP Code

Contact Phone Number (206) 615-1276

Would you like your results e-mailed or mailed? (Please select only one)

- ☐ Mailed (It may take 7 to 14 business days for response, when mailed.)
- ☐ E-Mailed*

E-Mail Address _____

Password _____

(Password must be 8-15 characters)

* Results can only be e-mailed for name and date of birth inquiries. Fingerprint-based background checks and notary letters will be mailed. Password is required to open encrypted PDF results.



Seattle
Parks & Recreation



**ASSOCIATED
RECREATION
COUNCIL**

Approval Routing & Validation

Official Use Only

We appreciate your thoughtful review of this ARC Advisory Council candidate application or member renewal application. A background check has been completed for this applicant and there are no records that raise concern for their participation as an advisory council member.

Please use the electronic signature function via AdobeSign to submit your vote. ARC's Community Relations Coordinator, Casey King, will be notified by AdobeSign once all parties have successfully signed to approve this candidate for advisory council membership.

Thank you for your timely action and assistance with completing this process.

APPROVAL ROUTING:

APPROVAL VALIDATION

SPR Liaison _____ Date _____ YES ☐ NO ☐
(Coordinator, Rec Specialist, etc.)

AC Chairperson _____ Date _____ YES ☐ NO ☐
(President, Vice-President, Secretary)

ARC Designee _____ Date _____ YES ☐ NO ☐
(Executive Director or AC Manager)

SPR Manager _____ Date _____ YES ☐ NO ☐
(Geo or Program Manager)

SPR Rec Division Director _____ Date _____ YES ☐ NO ☐