



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 **Sebastian Wilson** at sebastian.wilson@seattle.gov or via text message at (206) 265-1378. 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 **Sebastian Wilson** at sebastian.wilson@seattle.gov directly.

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|---|--|
| 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. | |

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|--------------------------------|---------------------------------|---------------------------------|-------------|
| 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 |
|---|
| <p>Do you grant permission to ARC to share your email address with other Advisory Council members citywide to streamline communications between councils?</p> <p>If you AGREE, Initial Here _____ (You may share my email with other council members)</p> <p>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.</p> <p>If you AGREE, Initial Here _____ (You may use my photograph)</p> |



Consent to Release Information and Release from Liability

I understand that the Washington Child/Adult Abuse Information Act requires this agency to investigate my personal history to evaluate my qualifications to hold the position(s) for which I have applied. Therefore, I authorize Associated Recreation Council to gather all pertinent information regarding my personal history, including information which may be of a confidential or privileged nature.

I consent to your release of any and all public and private information in three areas:

1. **Civil adjudications:** a specific court finding of sexual abuse or exploitation or physical abuse in a dependency action(s) or in a domestic relations action(s);
2. **Conviction record:** criminal history record information relating to certain crime(s) against persons; and
3. **Disciplinary board final decisions:** Department of Licensing finding(s) of physical and sexual abuse or exploitation of a child.

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

I have been a resident of the State of Washington for 3 years to date.*

Yes

No

Signature _____ Date _____

*If you have not lived in the state of Washington for at least 3 years, a Social Security Number is required to conduct a background check:

_____ - _____ - _____



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