



HISTORICAL PRESERVATION COMMISSION MEMBER APPLICATION

(360) 755-9649 or bparks@burlingtonwa.gov

New Member Contact Information

Name _____ Date _____

Home Address _____ City/Zip _____

Mailing Address _____ City/Zip _____

Same as Home Address

Home Phone _____ Work Phone _____ Cell Phone _____

Email Address _____

New Member Background Information *(attach additional sheets if necessary)*

I am/have been a resident of Burlington from _____ (mm/yy) to _____ (mm/yy).

I am not/have not been a resident of Burlington.

Please briefly describe why you are seeking appointment to the Burlington Historical Preservation Commission:

Please list your job title, duties, formal education, and/or prior experience that may relate to historical preservation or to the Commission:

Please list your organizational affiliations that may relate to historical preservation or to the Commission:

Please indicate which of the following areas fit your interest and/or abilities (select all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Passion for History | <input type="checkbox"/> Public Education/Exhibits |
| <input type="checkbox"/> Community Volunteerism | <input type="checkbox"/> Event Planning |
| <input type="checkbox"/> Maintain/Develop Partnerships | <input type="checkbox"/> Outreach/Marketing |
| <input type="checkbox"/> Grant Writing | <input type="checkbox"/> History Research |

References not Related to Applicant

Name _____ Phone _____ Relationship _____
Name _____ Phone _____ Relationship _____

Other Relevant Information

Community Service Agreement

The undersigned volunteer understands the nature and content of their duties, and in consideration of being permitted to participate in the volunteer program, agrees as follows:

1. To waive and release any and all claims for injuries or damages against the City of Burlington, it's officers, agents or employees which may arise out of, or in any way connected with the manner in which the duties are conducted; and,
2. To defend, indemnify, and hold harmless the City of Burlington, it's officers, agents and employees, from any liability for damage or claims for damage for personal injury, including death, and property damage, which may arise out of in in any way be connected with the manner in which the duties of a park board member are carried out.

I authorize the City of Burlington, it's agents at the time of my application for volunteer, or anytime during my service, to verify the information contained in this application as it relates to the volunteer position. I certify my statements in this application are true, complete and correct to the best of my knowledge and belief. I understand any falsification or omission of information may bar me from continued volunteerism.

Signature of participant or, if under 18 years signature of parent/guardian:

Signature _____ Date _____

Email your New Member Application along with your Letter of Interest to bparks@burlingtonwa.gov
or drop off/mail your information to the address below:

**Burlington Parks & Recreation
ATTN: Director
900 E. Fairhaven Avenue
Burlington WA 98233**

Please contact bparks@burlingtonwa.gov or (360) 755-9649 with any questions.