

Attachment A

KING COUNTY BOARDS AND COMMISSIONS



King County

REAPPOINTMENT REQUEST FORM

Thank you for your service on a King County board or commission. We are glad that you wish to continue serving the residents of King County as a member of a King County board or commission. In order to start the reappointment process, please complete this Reappointment Request form.

Date:

May 27, 2019

I'm seeking reappointment to the (board name):

TAC

Name of Board Member Seeking Reappointment:

Aaron Morrow

Preferred Contact Information:

Address	575 Mountainside Dr Sw
City, State, Zip Code	Issaquah WA 98027
Home Phone	
Work Phone	
Cell Phone	425.691.0128
Email Address	morrowa@gmail.com

Physical Home Address (REQUIRED if different from preferred mailing address)

Home Address	
City, State, Zip Code	

Please return your completed form to:

Rick Ybarra, Liaison for Boards and Commissions
King County Executive Office
401 Fifth Ave, Suite 800
Seattle, WA 98104
Direct Line: 206-263-9651
Email: Rick.Ybarra@kingcounty.gov

KING COUNTY BOARDS AND COMMISSIONS APPLICATION FORM

(A resume may be substituted in lieu of submitting a completed application form)



King County

PLEASE NOTE: *Information provided on this form will be a public record subject to free and open examination by any person under the Washington State Public Records Act (RCW 42.56.250). However, while we will disclose the applicant's name, the applicant's address, phone number and email address will be redacted.*

Thank you for your interest in serving on a King County board or commission. Individuals selected to serve on a King County board or commission will also be required to complete a King County Ethics Program Financial Disclosure Form within two weeks of being nominated to serve on a King County board or commission. Individuals appointed to serve on a board or commission that is overseen by an agency independent of King County government are exempt from the financial disclosure filing requirement.

I'm Interested in Serving on the (Board or Commission Name):

Transit Advisory Commission

My Name Is:

Aaron Morrow

Preferred Contact Information:

Address	575 Mountainside Drive, Southwest
City, State, Zip Code	98027
Home Phone	425.691.0128
Work Phone	
Cell Phone	425.691.0128
Email Address	

Physical Home Address (REQUIRED if different from preferred mailing address)

Home Address	575 Mountainside Dr, SW
City, State, Zip Code	Issaquah Wa 98027

Current Employer

Job Title	
Date of Employment	
Company Name	
Street Address	
City, State, Zip Code	

King County Council District (Please type an "X" in the box to the right of your district)

1 2 3 4 5 6 7 8 9 Don't Know

Education (Highest education level reached)

School Name / Year Graduated if applicable

Some High School	
High School Graduate	Andrew P Hill High School (California)
Some College	San Jose City College
College Graduate	
Grad School Graduate	

Have you served on any other Board, Commission, or Committees (Please list them below)?

Board, Commission or Committee Names	Year Appointed	Term Expired
Transit Advisory Committee	2010	2014

Please explain why you feel you are the most qualified candidate for this appointment.

I have extensive knowledge of regional transit issues including King County paratransit issues. Securement procedures for persons and mobility aids who use fixed route. Ability to work well with others. Provided input to the King County Council in years past on a variety of transit issues.

How did you learn of this opportunity?

King County staff

Do you hold any professional licenses, registrations or certificates in any field (Please type an "X" in the box)?

Yes No

If you hold any professional licenses, please list them here:

PERSONAL INFORMATION (OPTIONAL)

The King County Council and the King County Executive are committed to inclusiveness and outreach to all King County residents to ensure that King County boards and commissions are reflective of the community we serve. Providing information in the section below is voluntary but will assist in achieving this goal.

Race/Ethnicity

Race/Ethnicity:	White
Gender:	Male
Sexual Orientation:	

Do you have a disability as defined by the Americans with Disabilities Act? (Please type an "X" in the boxes that apply to you)

Yes No

Generation Range:

30 or younger 31-41 42-52 53-63 64-74 75 or older

Person to Notify in Case of Emergency (OPTIONAL)

Name	
Home Phone	
Work Phone	
Cell Phone	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete to the best of my knowledge.

Name (typed or signature)	Aaron Morrow
Date	7/7/18

Please return completed form to:

(You can either mail your completed form to us; scan your completed form then email it to us as a PDF attachment; or after filling out the form and typing your name on the signature line, save the completed form to your hard drive and then attach the completed form to an email.)

Rick Ybarra, Liaison for Boards and Commissions
King County Executive Office
401 Fifth Ave, Suite 800
Seattle, WA 98104
Direct Line: 206-263-9651
Email: Rick.Ybarra@kingcounty.gov

**This material is available in alternate formats for persons with disabilities.
Please contact 206-263-9651, TTY Relay: 711, or
e-mail Rick.Ybarra@kingcounty.gov**