

2701 Jefferson Street
P.O. Box 1180
Port Townsend, WA 98368



360-385-0656
fax:360-385-3988
info@portofpt.com

www.portofpt.com

SHORT FARM STEERING COMMITTEE APPLICATION

General Applicant Information:

Full Name: _____

Address and Zip Code: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email: _____

Employer/Occupation: _____

Personal Information:

1. Are you a full-time resident of Jefferson County? Yes _____ No _____

2. Are you a registered voter in Jefferson County? Yes _____ No _____

3. How long have you lived in Jefferson County? _____

4. What community service activities have you participated in over the past five years?

5. Please provide an overview of your background, including work experience, education, and qualifications for this appointment (attach an additional sheet if necessary):

6. What challenges or concerns do you see facing the Short Farm Steering Committee, and how would you recommend they be addressed?

7. What special knowledge, experience or skills do you possess that would contribute to the success of this Steering Committee?

8. Up to nine (9) meetings of the Steering Committee will be conducted between January and July of 2024, with meetings frequently scheduled for the third Wednesday of the month. Are you available to actively participate in meetings on the following dates?

- Steering Committee Meeting #1: January 17, 2024
- Steering Committee Meeting #2: February 21, 2024
- Steering Committee Meeting #3: March 20, 2024
- Community Visioning Meeting: April 17, 2024
- Steering Committee Meeting #4: April 18, 2024
- Public Open House Meeting: May 15, 2024
- Steering Committee Meeting #5: May 29, 2024
- Steering Committee Meeting #6: June 5, 2024
- Port Commission Public Workshop: July 10, 2024

Are there any other limitations on your availability that we should be made aware of?

References:

Please provide a list of at least three residents of Jefferson County you wish to use as personal references who could provide us with information pertinent to your application:

Reference #1:

Name: _____

Address: _____

Telephone: _____

Reference #2:

Name: _____

Address: _____

Telephone: _____

Reference #3:

Name: _____

Address: _____

Telephone: _____

Acknowledgement and Signature:

Agreement to Terms: *“I understand that, upon submission, all information on this form becomes a public record.”* (For further information please call the Port’s Administrative Assistant and Public Records Officer, Joanna Sanders at 360-385-0656).

Signature: _____

Date: _____