



CITY OF DES MOINES

2015 PARKS, RECREATION AND SENIOR SERVICES MASTER PLAN ADVISORY COMMITTEE APPLICATION

NAME: _____
ADDRESS: _____
CITY, ZIP: _____
Contact Information - PHONE: Home/Cell _____ Work _____
E-Mail Address _____ Fax _____

1) I am a Des Moines Citizen Yes: ____ No: ____
If no, I represent the following Des Moines interest: _____

2) Age Group: 18-24 ____ 25-44 ____ 45-59 ____ 60-74 ____ 75 and over ____

3) Please check the neighborhood that best describes the area of the City where you reside?

- | | | |
|---|--|---|
| <input type="checkbox"/> North Hill | <input type="checkbox"/> S. Des Moines/Parkside | <input type="checkbox"/> Redondo |
| <input type="checkbox"/> Downtown/Marina District | <input type="checkbox"/> Zenith | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Central Des Moines | <input type="checkbox"/> W. Woodmont (west of 16 th) | <input type="checkbox"/> Other City _____ |
| <input type="checkbox"/> N. Central/Pacific Ridge | <input type="checkbox"/> E. Woodmont (east of 16 th) | |

4) Please specify your area of interest and/or stakeholder group you wish to represent (check all that apply):

- | | | |
|---|--|--|
| <input type="checkbox"/> Pre-school (0-5 years) | <input type="checkbox"/> Fitness and Wellness | <input type="checkbox"/> Playgrounds |
| <input type="checkbox"/> Youth (K-6 grade) | <input type="checkbox"/> Tourism | <input type="checkbox"/> Trails |
| <input type="checkbox"/> Teen (7-12 grade) | <input type="checkbox"/> Historic Preservation | <input type="checkbox"/> Open Space |
| <input type="checkbox"/> Adult (18 -Older) | <input type="checkbox"/> Arts & Culture | <input type="checkbox"/> PTSA |
| <input type="checkbox"/> Senior (55-Older) | <input type="checkbox"/> Human Services | <input type="checkbox"/> School District _____ |
| <input type="checkbox"/> Sports: type _____ | <input type="checkbox"/> Community Events | <input type="checkbox"/> College _____ |
| <input type="checkbox"/> After School Programs | <input type="checkbox"/> Parks | <input type="checkbox"/> Business _____ |

Provide details of this representation: _____

5) Why do you wish to serve on the Parks, Recreation and Senior Services Master Plan Committee and what can you contribute to the process?

6) Please list your volunteer and/or professional group affiliations:

Thank you for your interest in serving on the Citizens Advisory Committee.

Please return the application on or before September 19, 2014 to the following address:
City of Des Moines Parks, Recreation and Senior Services Department
1000 S. 220th Street
Des Moines, WA 98198
Phone: 206-870-6527 or pthorell@desmoineswa.gov