



STATE OF WASHINGTON

Class One Volunteer Application Form

Applicant Information

Name/Pronouns:

Email:

Phone Number:

Name of Workgroup, Commission, Board, or Taskforce:

1. Describe why you want to participate on this group:

2. Do you have direct, lived experience with the subject matter? (If yes, you may be eligible for compensation). If no, skip to question #3. If yes, please describe your direct, lived experience and then skip to question #4:

3. Do you qualify as low-income? This refers to anyone whose income is not more than 400% of the federal poverty level. (If yes, you may be eligible for compensation). You can find current federal poverty guidelines here: <https://www.federalregister.gov/documents/2022/01/21/2022-01166/annual-update-of-the-hhs-poverty-guidelines>

4. Please describe your general availability in hours per month, and what if any accessibility needs you may have. This could include preference for virtual meetings, translation services, only available nights/weekends, etc.

5. Please provide any relevant personal or professional references:

6. What is your preferred method of communication/how can you best be reached?

Note: This application is for a volunteer member position on a Class One Workgroup. Class One Workgroup members are not state employees.

Name

Signature

Date