



**Washington State Parks & Recreation Commission
Winter Recreation/Snowmobile Advisory Committees**

Application for Appointment

(NON-MOTORIZED WINTER SPORT MEMBER)

Please print or type information requested below.

Name:

Mailing address (if you use PO box, please include street address also):

City:

Zip Code:

Telephone (Home)

Telephone (Work)(Cell)(Home)

Please check all boxes that apply:

- I have an interest in and familiarity with non-motorized winter recreation activities.
- I regularly use cross-country skis, sled dogs, snowshoes, etc., annually.
- I am a dealer or distributor of non-motorized winter equipment; or I own/operate an establishment catering to non-motorized winter activities.
- I am a member or an officer of a local, statewide, regional, national or international organization involved in non-motorized winter activities.
- Other non-motorized winter recreationists recognize me as being involved in such activities.
- I serve or have served on committees associated with non-motorized winter activities.
- I am knowledgeable about non-motorized winter recreational issues and activities in the state of Washington.
- Organizations, public agencies or individuals have recognized me as being knowledgeable about non-motorized winter recreational activities, programs or conditions in the state of Washington.
- I am willing to dedicate sufficient time and resources to fulfill my duties as an Advisory Committee member.
- I am willing to attend Advisory Committee meetings during evening hours and weekends.
- I have established good relationships with associates. I am willing to make time to support and further the Winter Recreation Program.
- I have an active interest in and concern for the Winter Recreation Program as a whole.
- I am at least 21 years of age.

_____ Number of years involved in non-motorized winter recreational activities.

I am applying for Snowmobile Advisory Committee only Winter Recreation Advisory Committee only Either

In 100 words or less, please provide a short biography and describe your interest in seeking an appointment. You may attach additional information to support your candidacy.

Committee member contact information is distributed to the public in a number of methods, including the State Parks web site and various documents. Please provide the following mandatory information:

| | |
|------------------|----------------------------|
| Mailing Address: | |
| City: | Zip Code: |
| Telephone: | E-mail Address (optional): |
| | |

I understand the Winter Recreation/Snowmobile Advisory Committees are not political and political influence is not a criterion in the selection of committee members.

I understand each committee member must report to the Winter Recreation Program Manager any potential conflict of interest. Such conflicts usually arise when a member or a person related to a member (agent, family member, partner, etc.) uses this position for financial or other gain or advantage. For example, an ethical or legal conflict of interest might arise if a member:

- Has a financial or business interest in a project *or*
- Uses his/her position as a member to secure a special privilege/ exemption, or
- Receives any compensation from an applicant for his/her performance as an evaluator
- Receives a gift, gratuity, or favor that could be reasonably expected to influence or reward the action or inaction.

Signature

Date

Submit completed application to:
Washington State Parks and Recreation Commission, Winter Recreation Program, P.O. Box 42650, Olympia, WA 98504-2650
If you have questions, call the Winter Recreation Program at (360) 902-8684 or email to winter@parks.wa.gov.