



APPLICATION FOR APPOINTMENT
WASHINGTON STATE WOMEN, INFANTS AND CHILDREN PROGRAM
RETAILER ADVISORY COMMITTEE

Applying for Membership Representing (Check One):

- Washington Food Industry
 Large Chain Stores
 Small Chain Stores
 Independently Owned Stores
 Minority-Owned Stores
 Military Commissary
 Checker Training Program Instructor
 WIC Client
 Local WIC Agency Staff Person
 Loss Prevention/Risk Manager/Human Resources Representative Manager

Application Instructions:

- Complete the entire application form (copies of the form are acceptable).
- Applicants are strongly encouraged to attach a current resume or biography.
- Return application along with your resume and optional references to: Department of Health, WIC Nutrition Program, PO Box 47886, Olympia WA 98504-7886, FAX 360-236-2345

Name and address:

Name:			
Business Address:		Home Address:	
County:		County:	
Business Phone:	()	Home Phone:	()
Cell Phone:	()		
Business Fax:		Home Fax:	
Business E-mail:		Home E-mail:	

Which are you best able to participate in (check all that apply)
 Day meetings
 Evening meetings
 Meetings in Eastern WA
 Meetings in Western WA
 Meetings in North West WA
 Meetings in South West WA

Current employment (job title, employer, employment date, contact, phone):

References – Optional (name, title, contact phone number):

Previous employment or experience you want us to know about:

Memberships in professional or civic organizations (please include offices held and dates of terms):

Why do you want to be a committee member?

Have you ever been convicted of or found to have committed a crime or offense? (Do not include traffic offenses for which the fine was less than \$200.) No Yes If yes, please describe.

We want to ensure that each member has access and would be able to participate in Committee activities to the best of their ability. Do you have a permanent physical, sensory, or mental condition that substantially limits your major life functions? No Yes If "Yes", please attach an explanation to this application so that reasonable accommodations may be arranged.

Signature:

Date: ____/____/____

For Office Use Only

Term:

Position:

Appointment Letter Sent:

Orientation Completed:

