

# KING COUNTY BOARDS AND COMMISSIONS

## REAPPOINTMENT REQUEST FORM



King County

Thank you for your service on a King County board or commission. We are glad that you wish to continue serving the residents of King County as a member of a King County board or commission. In order to start the reappointment process, please complete this Reappointment Request form.

**Date:**

11/14/2022

**I'm seeking reappointment to the (board name):**

Access Paratransit Advisory Committee

**Name of Board Member Seeking Reappointment:**

Kristina Sawyckyj

**Preferred Contact Information:**

Address	P.O. BOX 257 PMB 8519
City, State, Zip Code	Olympia, WA 98507-0257
Home Phone	
Work Phone	
Cell Phone	206-501-7262 (Text only) 253-954-4251 (Relay)
Email Address	<a href="mailto:Sawyckyjk@seattleu.edu">Sawyckyjk@seattleu.edu</a>

**Physical Home Address (REQUIRED if different from preferred mailing address)**

Home Address	
City, State, Zip Code	

Please return your completed form to:

Rick Ybarra, Liaison for Boards and Commissions  
King County Executive Office  
401 Fifth Ave, Suite 800  
Seattle, WA 98104  
Direct Line: 206-263-9651  
Email: [Rick.Ybarra@kingcounty.gov](mailto:Rick.Ybarra@kingcounty.gov)

## 2019 King County ACCESS Advisory Commission Application Form

1. ID# **Kristina Sawyckyj**
2. Are you a resident of King County? **Yes**
3. In what King County Council District do you live? **District 1**
4. Pronoun: **Other**
5. What is your mailing address? **SEATTLE WA**
6. What bus route(s) do you typically ride? **347, 512, 4**
7. What other public transportation do you use? **Heavy rail to Edmonds, or light rail or ferry**
8. Do you currently use Access paratransit service? **No**
9. If no, what is your connection to Access paratransit users: **Former Access User; Healthcare Provider; Caregiver; Community Organization/Advocate; Community Member**
10. Are you currently employed? **Yes**
11. What is your current job title? **Public Speaker**
12. Current Employer: **Self employed Seattle, wa**
13. What is the highest degree you have? **None, yet (still in school)**
14. Any professional licenses held? (if applicable): **Yes, Licensed practical nurse**
15. What is your primary language spoken? **English**
16. What is your primary language spoken at home?
17. What other language(s) do you speak?
18. What is your race/ethnicity? (optional) **Multiple ethnicities; Native American/Alaska Native; Latino/a, Latinx, Hispanic**
19. What is your gender? (optional) **Female**
20. What is your sexual orientation? (optional) **Asexual**
21. Do you have a disability as defined by the Americans with Disabilities Act? **Yes**
22. What is your age range? **41–50**
23. What is your skill level with the following programs? (optional - not required for membership)

Microsoft Outlook (email)	<b>Advanced</b>
Microsoft Word	<b>Advanced</b>
Microsoft Excel	<b>Advanced</b>
Microsoft PowerPoint	<b>Advanced</b>
Adobe Reader/Acrobat (pdf files)	<b>Advanced</b>

24. Have you been, or are you currently a member of any city and/or county boards, commissions, or committees? If yes, please list them and the dates of your term(s).  
**Seattle Commission for People with Disabilities -August 2018-2021, King County Healthcare for the Homeless- May 2018-2020, All Home Lived Experience Coalition May 2019**
25. How did you learn about this opportunity?  
**I am the transportation subcommittee chair for the Commission and it was emailed to me**
26. Describe why you want to be a member of the King County Access Paratransit Advisory Committee.  
**I have struggled to apply for and use para-transit since moving to Seattle. Since the snow storm, I have learned the importance of the public service to those of us whom use mobility devices during dangerous weather. I am also hearing from constituents about the challenges of para-transit services. I want to become actively involved in the new contract providing improved services for everyone whom needs para-transit.**
27. Describe the issues you believe this commission should address.  
**Better dispute resolution and customer services**
28. Please list any organizations you belong to or have belonged to, previous experience and/or accomplishments, either paid or volunteer, that you would bring to this commission.  
**I am beginning to train in dispute resolution through a DRC. I served as a mental health chair and**

on the BOD for Disability Rights Washington in prior years. I am the access and accessibility officer for Transit Riders Union.

29. Please explain why you feel you are the most qualified candidate for this appointment.

**I am a good candidate for this position because of my passion and dedication to transit services and riders locally. I am dedicated and a hard worker. I believe in being a team player and communicating with the team. I enjoy community organizing around transit issues and would love the opportunity to work with the new contract provider.**

30. What assistive technologies, auxiliary aids and services, language support, or other accommodations would you need to be able to fully participate?

**captioning and large print in font 22 or greater. I am also a wheelchair user.**

31. If you are not appointed to the King County Access Paratransit Advisory Committee, are you interested in serving on a different King County board or commission? If so, which one(s)?

32. List three references, including names, email addresses and telephone numbers.

Reference 1 **Kristina Sawyckyj**

How long have you known this reference and in what capacity?

Reference 2 **Renee Kimball**

How long have you known this reference and in what capacity?

Reference 3 **Renee Kimball**

How long have you known this reference and in what capacity?