

KING COUNTY BOARDS AND COMMISSIONS APPLICATION FORM



King County

PLEASE NOTE: Information provided on this form will be a public record subject to free and open examination by any person under the Washington State Public Records Act (RCW 42.56.250). However, while we will disclose the applicant's name, the applicant's address, phone number and email address will be redacted.

Thank you for your interest in serving on a King County board or commission. Individuals selected to serve on a King County board or commission will also be required to complete a King County Ethics Program Financial Disclosure Form within two weeks of being nominated to serve on a King County board or commission. Individuals appointed to serve on a board or commission that is overseen by an agency independent of King County government are exempt from the financial disclosure filing requirement.

I'm Interested in serving on the (Board or Commission Name):

Board

Your name:

Mutende Katambo

Preferred Contact Information:

Address	836 NE 67 th ST APT 709
City, State, Zip Code	Seattle, WA 98115
Home Phone	-
Work Phone	206.244.0533 x4006
Cell Phone	360.448.5304
Email Address	mutendek@gmail.com

Physical Home Address (REQUIRED if different from preferred mailing address:

Home Address	
City, State, Zip Code	

Current Employer:

Job Title	Youth Program Coordinator
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Date of Employment	04/2019
Company Name	Southwest Youth & Family Services – New Futures at Arbor Heights
Street Address	135 SW 116 th St.
City, State, Zip Code	Burien, WA 98146

King County Council District *(Please type an "X" in the box to the right of your district)*

1 2 3 4 5 6 7 8 9 Don't Know

Have you served on any other Board, Commission, or committees? Please list them below:

Board, Commission or Committee Names	Year Appointed	Term Expired

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

My background experience, as a camp counselor in Camby, OR and now as a program coordinator in Burien, WA, has equipped me with relevant skills for this role. I'm ambitious and determined to achieve my goals, and my enthusiasm to get work done motivates my team members. I have collaborated with many other organizations and worked with youth to find and cater opportunities for their success.

How did you learn of this opportunity?

Recommendation

In King County, equity is fundamental to the society we wish to build. Our end goal is for full and equal access to opportunities, power, and resources so that all people may achieve their full potential. The Children and Youth Advisory Board incorporates these values and has adopted its own equity statement. The CYAB works to build an inclusive board that includes the voices of underrepresented populations, people of color, immigrants and refugees, LGBTQ individuals, low-income households, youth, the elderly, rural residents, people living with disabilities and more.

Please describe your experience with and/or commitment to promoting equity. What opportunities do you see for the CYAB to incorporate the voice of all communities in King County?

I have worked with youth from different socioeconomic backgrounds but there is one thing they all desire: empowerment. They don't want their race, sex, gender or immigration status to hinder their goals. As a program coordinator, I have partnered with organizations that give unique experiences to all youth, especially low socioeconomic youth of color. CYAB should incorporate and support the voices of LGBTQ+ and colored youth.

Do you hold any professional licenses, registrations or certificates in any field (Please type an "X" in the box)?

Yes No

If you hold any professional licenses, please list them here:

PERSONAL INFORMATION (OPTIONAL)

The King County Council and the King County Executive are committed to inclusiveness and outreach to all King County residents to ensure that King County boards and commissions are reflective of the community we serve. Providing information in the section below is voluntary but will assist in achieving this goal.

How do you identify?

Race/Ethnicity:	African American
Gender:	Male
Sexual Orientation:	Straight
Preferred Pronoun: (he/him; she/her; they/them, etc.)	he/him

Do you have a disability as defined by the Americans with Disabilities Act? (Please type an "X" in the boxes that apply to you)

Yes No

Generation Range (Please mark an X to the right of the age range that applies to you)

30 or younger 31-41 42-52 53-63 64-74 75 or older

Person to notify, in case of an emergency (OPTIONAL):

Name:	
Home Phone:	
Work Phone:	
Cell Phone:	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete to the best of my knowledge.

Name (<i>typed or signature</i>)	Mutende Katambo
Date	11/17/19

Please return completed form to: Kerry Wade, Best Starts for Kids Community Partnerships
kwade@kingcounty.gov

(You can either mail your completed form to us; scan your completed form then email it to us as a PDF attachment; or after filling out the form and typing your name on the signature line, save the completed form to your hard drive and then attach the completed form to an email.)

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

**This material is available in alternate formats for persons with disabilities.
Please contact 206-263-9651, TTY Relay: 711, or
e-mail Rick.Ybarra@kingcounty.gov**