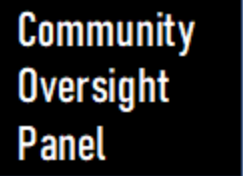


Application for the Community Oversight Panel



Created in 1997, the Community Oversight Panel (COP) independently monitors Sound Transit and its commitment to build and operate the region's high-capacity transit system.

The Sound Transit Board of Directors appoints and tasks COP members with asking hard questions, reviewing details and reporting findings back to the board. Its 15 volunteers represent a variety of interests, professional expertise, experience, and real-life insight. Panel members are appointed to a three-year term and limited to a maximum of three terms.

Before completing this application please:

1. review [the Community Oversight Panel's responsibilities and parameters as approved by the Board](#) and;
2. attend at least one COP meeting to better understand its role.

Personal Information

Name: _____ Date: _____

Home Address: _____

Work Address: _____

Phone: _____ Cell: _____ E-mail: _____

Eligibility

Do you work or live within the Sound Transit district? (See page 4 for a map of the district). Circle one: **Yes No**

Are you able to attend meetings once each month from 5:30pm-8:15pm? (To limit the spread of COVID-19, the panel is currently meeting virtually. In the future, meetings will be held in Seattle, with the ability to participate virtually) Circle one: **Yes No**

Do you work for Sound Transit, or do you have a direct role in a contract your employer has with Sound Transit? Circle one: **Yes No**

Experience (Feel free to attach extra pages if needed for any question.)

Please check the box next to the areas which you have experience, skills, or insight:

- | | |
|---|---|
| <input type="checkbox"/> community engagement activities | <input type="checkbox"/> agency performance audits |
| <input type="checkbox"/> project planning and alignment decisions | <input type="checkbox"/> social justice and equity |
| <input type="checkbox"/> Budget and financial plan | <input type="checkbox"/> passenger experience |
| <input type="checkbox"/> project schedule and budget adherence | <input type="checkbox"/> Other (please explain in question below) |

Please explain why you would like to serve on the Community Oversight Panel:

Please provide information about your experience, skills, and/or insight in one or more areas of the panel's responsibility — community engagement activities, project planning and alignment decisions, Budget and financial plan, project schedule and budget adherence, agency performance audits, social justice and equity, passenger experience. If you selected "other" above, please explain:

Sound Transit is committed to advancing civil rights, equity & inclusion for our employees, passengers and the community - where everyone is connected to what they need and have equitable access to opportunities, programs & services. Please share why this commitment is important and how your participation on this oversight panel would help to monitor this commitment.

The Panel believes that the appearance of impartiality and objective oversight is critical to its success in meeting its mission. Please describe any potential appearance of a conflict of interest or any personal or professional benefit you would gain from serving on the panel. This includes either you or a spouse seeking employment with Sound Transit, or your employer or contractual partner seeking a contract, permit, regulatory interpretation, or financial arrangement with Sound Transit, or other circumstance described in [Sound Transit's ethics policy](#) or the [COP's guiding principles](#).

How did you hear about this application? (please select whichever applies)

- Sound Transit website
- Sound Transit social media
- other social media
- From somebody I know/word of mouth
- Other (please explain below)

Please attach a current resume, CV, or summary of relevant experience to this form.



Community Oversight Panel Voluntary Self Identification Survey

This survey is optional. The information will be collected separately to provide an understanding of the demographic details of the applicant pool as a whole.

Gender (please select one)

- Female
- Male
- Non-binary
- Other (ideally "I prefer to self-describe" with text box)
- Prefer not to disclose

Race/ Ethnic Origin (please select any that apply)

- American Indian or Alaska Native
- Asian or Asian American
- Black or African American
- Caucasian/White
- Hispanic/Latinx
- Native Hawaiian or Other Pacific Islander
- Other, please specify
- Prefer not to disclose

Veteran Status (please select one)

- Veteran
- Non-Veteran
- Prefer not to disclose

Diverse Abilities (please select one)

- I have a disability
- I do not have a disability
- Prefer not to disclose

