

Application for the Diversity Oversight Committee (DOC)

The Diversity Oversight Committee (DOC) at Sound Transit is seeking dedicated individuals to join us in promoting equitable economic opportunities within the Central Puget Sound region. As a member, you will play a crucial role in ensuring that Disadvantaged Business Enterprises (DBEs), Women and Minority Business Enterprises (WMBEs), and small businesses are fully and meaningfully utilized in the region's mega-infrastructure contracting opportunities.

Personal Information

- **Name:** _____ **Date:** _____
- **Home Address:** _____
- **Work Address:** _____
- **Phone:** _____ **Cell:** _____ **E-mail:** _____

Eligibility

1. Residency:

- Do you live or work within the Sound Transit District? (To verify, please use the [Sound Transit Address Determination Tool](#))
- Check one: Yes No
- If yes, please specify the county: _____

2. Conflict of Interest:

- Do you or your employer currently have contracts with Sound Transit or plan to bid on Sound Transit contracts or subcontracts?
- Check one: Yes No
- If yes, please provide additional information: _____

3. Commitment:

- Are you able to attend regularly scheduled meetings and additional meetings as needed?
- Check one: Yes No

Experience and Expertise

The DOC is composed of members from throughout the Sound Transit District, including representatives from small businesses, trade and craft organizations, communities, and community organizations in impacted neighborhoods. Please check the areas in which you have experience, skills, or insight:

- Small business development



- Trade and craft organizations
- Workforce initiatives
- Social justice and equity
- Other (please specify): _____

Application Questions

1. Why do you want to serve on the Diversity Oversight Committee?

2. Please provide information about your experience, skills, and/or insight in the areas you selected above, particularly related to DBE, small business, and workforce initiatives.

- _____
- _____

3. Sound Transit is committed to advancing civil rights, equity, and inclusion for our employees, passengers, and the community. Please share why this commitment is important to you and how your participation on this oversight panel would help monitor and promote this commitment.

- _____
- _____

4. Were you referred to apply to the DOC?

- Check one: Yes No
- If yes, please provide the name of the person who made the referral:

Attachments

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

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.

1. Gender:

- Female



- Male
- Non-binary
- I prefer to self-describe: _____
- Prefer not to disclose

2. Race/Ethnic Origin:

- 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

3. Veteran Status:

- Veteran
- Non-Veteran
- Prefer not to disclose

4. Diverse Abilities:

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

Submission Instructions

Please submit your completed application and attachments to civilrightsDBE@soundtransit.org. Applications are open until filled.

For more information about the Diversity Oversight Committee, please visit our website: <https://www.soundtransit.org/get-to-know-us/panels-committees/diversity-oversight-committee>

We appreciate your interest in contributing to equitable economic opportunities in the Central Puget Sound region.

