

Application for Appointment to Whatcom County Boards and Commissions

Public Statement

THIS IS A PUBLIC DOCUMENT: As a candidate for a public board or commission, the information provided will be available to the County Council, County Executive, and the public. All board and commission members are expected to be fair, impartial, and respectful of the public, County staff, and each other. Failure to abide by these expectations may result in revocation of appointment and removal from the appointive position.

Title

Ms.

First Name

Wendy

Last Name

Miller

Today's Date

8/22/2021

Street Address

909 Marine Dr. #114

City

Bellingham

Zip

98225

Do you live in & are you registered to

vote in Whatcom County?

Yes

Do you have a different mailing

address?

Field not completed.

Primary Telephone

8593121078

Secondary Telephone

Field not completed.

Email Address

millerwa828@gmail.com

1. Name of Board or Committee

Americans with Disabilities Act (ADA) Compliance Committee

2. Do you meet the residency, employment, and/or affiliation requirements of the position for which you're applying?

Yes

3. Which Council district do you live

in?

District 4

4. Are you a US citizen?

Yes

5. Are you registered to vote in

Yes

Whatcom County?

6. Have you declared candidacy (as defined by RCW 42.17A.055) for a paid elected office in any jurisdiction within the county?	No .
7. Have you ever been a member of this Board/Commission?	Yes
If yes, please list dates:	Up until COVID; didn't record dates.
8. Do you or your spouse have a financial interest in or are you an employee or officer of any business or agency that does business with Whatcom County?	No
You may attach a resume or detailed summary of experience, qualifications, & interest in response to the following questions	Field not completed.
9. Please describe your occupation (or former occupation if retired), qualifications, professional and/or community activities, and education	librarian and community volunteer
10. Please describe why you're interested in serving on this board or commission	I have Parkinson's and want to be sure the ADA needs of all citizens are complied with.
References (please include daytime telephone number):	Donald Case 8594929184
Signature of applicant:	Wendy Miller
Place Signed / Submitted	Bellingham, WA



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First Name

Mark

Challender Last Name

12/30/2017 Date

3412 South Avenue Street Address

Bellingham City

98229 Zip

Do you live in & are you registered to

vote in Whatcom County?

Yes

Do you have a different mailing

address?

Field not completed.

Primary Telephone

3607399209

Secondary Telephone

Field not completed.

Email Address

Mark@challender.com

1. Name of Board or Committee

Americans with Disabilities Act (ADA) Compliance Committee

2. Do you meet the residency, employment, and/or affiliation requirements of the position for which you're applying?

Yes

3. Which Council district do you live

in?

District 3

4. Are you a US citizen?

Yes

5. Are you registered to vote in

Whatcom County?

Yes

6. Have you declared candidacy (as defined by RCW 42.17A.055) for a paid elected office in any jurisdiction within the county?	No
7. Have you ever been a member of this Board/Commission?	No
8. Do you or your spouse have a financial interest in or are you an employee or officer of any business or agency that does business with Whatcom County?	No (4e5 → 2018-2021)
You may attach a resume or detailed summary of experience, qualifications, & interest in response to the following questions	Field not completed.
9. Please describe your occupation (or former occupation if retired), qualifications, professional and/or community activities, and education	Retired Information Systems professional, previous school board member, long Time ski to Sea committee member, previous executive director of whatcom county council of governments, president of whatcom emergency communications group (amateur radio), approved emergency worker for whatcom unified emergency management and now a disabled person using a power wheelchair.
10. Please describe why you're interested in serving on this board or commission	I want to volunteer to keep myself involved.
References (please include daytime telephone number):	Field not completed.
Signature of applicant:	Mark Challender
Place Signed / Submitted	Bellingham, wa