

**From:**  
**To:**  
**Subject:** Online Form Submittal: Board and Commission Application  
**Date:** Wednesday, December 13, 2023 1:42:51 AM

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## Board and Commission Application

### Step 1

#### 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 Mr.

First Name Max

Last Name Whipple

Today's Date 12/13/2023

Street Address [REDACTED]d

City [REDACTED]

Zip [REDACTED]

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 [REDACTED]

Secondary Telephone Field not completed.


Email Address [REDACTED]

### Step 2

1. Name of Board or Committee Incarceration Prevention and Reduction Task Force/Law & Justice Council

Incarceration Prevention and Reduction Task Force Position:	Health and Social Service Provider
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
You may attach a resume or detailed summary of experience, qualifications, & interest in response to	Field not completed.

the following questions

9. Please describe your occupation (or former occupation if retired), qualifications, professional and/or community activities, and education	<p>Nurse / Counselor / Clinical Supervisor – RN-BC, PMHN, CARN, BCN, SUDP, MHP</p> <p>Mr. Whipple is a Board-Certified Registered Nurse through the ANCC in the field of Psychiatric and Mental Health Nursing, as well as a Certified Addiction Registered Nurse through the International Nurses Society on Addiction. Mr. Whipple has nearly three decades of healthcare experience in a variety of disciplines, both chronic and acute. From 2017 to 2020, Max held a position at Mary Bridge Children's Hospital as an Adolescent Psychiatric Nurse in their acute care Adolescent Behavioral Health Unit. He is currently splitting his time between the local crisis center in Bellingham where he works as a psych nurse, and here at Clarity Mental Health and Recovery. Max assists in identifying his Client's dysfunctional thoughts and destructive patterns of behavior while modifying self-concepts, increasing personal awareness and emotional growth, and improving communication skills. Additionally, Mr. Whipple serves as a board member for the Washington State Association of Independent Outpatient Providers as a legislative liaison. In 2016, Mr. Whipple became a Board-Certified Neurofeedback Provider (BCN) with the goal of using neurofeedback to retrain the brain to be calmer, forget or manage painful memories, and thus help addicts resist cravings for drugs or alcohol. Mr. Whipple has been selected in October of 2023 to serve on the board of the Washington State chapter of the American Psychiatric Nurses Association</p>
10. Please describe why you're interested in serving on this board or commission	<p>To help my county that I live in and grew up in move into an effective model of navigating our challenges with co-occurring residents that are over represented in law enforcement encounters and users of our healthcare resources move into productive and autonomous lives</p>
References (please include daytime telephone number):	<p>Dr. Chris Portman 360-676-4485 Jennifer Colburn 360-676-2020 Alexandra Fierst 360-441-8836</p>
Appointment Requirements	<p>I understand and agree</p>
Signature of applicant:	<p>Max D Whipple</p>
Place Signed / Submitted	

(Section Break)