

Advisory Group Application

Step 1

Application for Appointment to Whatcom County Advisory Groups

Public Statement

THIS IS A PUBLIC DOCUMENT: As a candidate for a public advisory group, the information provided will be available to the County Council, County Executive, and the public. All advisory group 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	Mrs.
First Name	Lynn
Last Name	Schreiber
Today's Date	12/21/2024
Street Address	
City	
Zip	
Do you live in Whatcom County?	Yes
Do you have a different mailing address?	Field not completed.
Primary Telephone	
Secondary Telephone	Field not completed.
Email Address	

Step 2

1. Name of Advisory	Child & Family Well-Being Task Force
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Group

Child & Family Well-Being Task Force

Yes

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?

Not applicable

4. Have you ever been a member of this Advisory Group

No

5. 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

6. Have you declared candidacy (as defined by RCW 42.17A.055) for a paid elected office in any jurisdiction within the county?

No

You may attach a resume or detailed summary of experience, qualifications, & interest in response to the following questions

Field not completed.

7. Please describe your occupation (or former occupation if retired), qualifications, professional and/or community activities,

I am a grandparent of a child that we adopted to support his growth. I also work for a local non-profit that provides safe after school programs for Whatcom County youth.

and education

8. Please describe why you're interested in serving on this Advisory Group.

I would like to be involved on a larger level to support all children and families in the county.

References (please include daytime telephone number):

Kristi Dominguez 360383920
Kyle Kaltenfeldt 3604995102

Appointment Requirements

I understand and agree

Signature of applicant:

Lynn V Schreiber

Place Signed / Submitted



(Section Break)
