



## Application for Appointment to Whatcom County Boards and Commissions

### 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.*

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Title *Field not completed.*

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First Name Gina

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Last Name Bring

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Today's Date 3/26/2024

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Street Address

██████████

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City Blaine

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Zip 98230

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Do you live in Whatcom County? Yes

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Do you have a different mailing address? *Field not completed.*

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Primary Telephone

██████████

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Secondary Telephone *Field not completed.*

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Email Address

████████████████████

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## Step 2

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1. Name of Advisory Group      Developmental Disabilities Board

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

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3. Which Council district do you live in?      District 5

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

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If yes, please list dates:      2021-2024

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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

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6. Have you declared candidacy (as defined by RCW 42.17A.055) for a paid elected office in any jurisdiction within the county?      No

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You may attach a resume or detailed summary of experience, qualifications, & interest in response to the following questions      *Field not completed.*

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7. Please describe your occupation (or former occupation if retired), qualifications, professional and/or community activities, and education      I am a cosmetologist, and special education advocate.

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

Learn more about resources within our community, especially pertaining to education.

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References (please include daytime telephone number):

*Field not completed.*

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Appointment Requirements

I understand and agree

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Signature of applicant:

Gina Bring

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Place Signed / Submitted

Blaine Wa

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