



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.

Title *Field not completed.*

First Name Valerie

Last Name Billmire

Today's Date 1/17/2024

Street Address

██████████

City Ferndale

Zip 98248

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 Group Developmental Disabilities Board

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

If yes, please list dates: 1/21 to 12/23

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 [VBillmireResume.docx](#)

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

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

I have served from 2021 to 2023 and would like serve a second and final term.

References (please include daytime telephone number):

Available upon request.

Appointment Requirements

I understand and agree

Signature of applicant:

Valerie Billmire

Place Signed / Submitted

Ferndale, WA
