Subject: Date: Online Form Submittal: Advisory Group Application Saturday, January 4, 2025 6:20:47 PM

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	Field not completed.
First Name	Kendra
Last Name	Cristelli
Today's Date	1/1/2025
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	Public Health Advisory Board

Group

-	
Public Health Advisory Board	I represent a stakeholder, such as a nonprofit organization, the business community, or those regulated by public health.
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 5
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?	Yes
If yes, please explain	I am the Executive Director of Support Officers of Whatcom County and we have a contract to provide services to the Whatcom County Sheriff's Office
6. Have you declared candidacy (as defined by RCW 42.17A.055) for a paid elected office in any jurisdiction within the county?	Yes
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	I serve as the Executive Director of a nonprofit crisis response

occupation if retired), qualifications, professional and/or community activities, and education team that assists families who have experienced a sudden, unexpected death. My work focuses on alleviating the financial and emotional strain of final arrangements while providing compassionate support during their time of grief and trauma. Additionally, I train law enforcement, medical examiners, coroners, and staff with the Washington Office of Independent Investigations (OII) in best practices for conducting death notifications.

This role encompasses strategic leadership, community collaboration, and a deep understanding of crisis management and resource allocation.

I bring extensive experience in community service and leadership. As a fire commissioner for Whatcom County Fire District 7, I have firsthand knowledge of public safety, emergency response, and community health needs.

My role as an advisory board member of the Ferndale Community Resource Center has further strengthened my ability to address the intersection of public health and community services. Additionally, my experience in homeless outreach and as a severe weather shelter volunteer has provided me with direct insights into the challenges faced by vulnerable populations.

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

I am committed to my community, as demonstrated by my roles as a fire commissioner, executive director of a nonprofit crisis response team, and member of the advisory board for the Ferndale Community Resource Center. My experience in homeless outreach and as a severe weather shelter volunteer has given me insight into the unique challenges faced by vulnerable populations.

Serving on the public health advisory board aligns with my passion for advocating for equitable access to services and addressing public health needs at both systemic and grassroots levels. I believe my experiences and dedication to community service can contribute to meaningful solutions and positive change.

References (please include daytime telephone number):

Lisa Anderson 360-296-3318 Flo Simon 360-815-5516 Michael Dahl 360-791-4009 Scott Ryckman 253-797-7063

Appointment Requirements

I understand and agree

Signature of applicant:

Kendra J Cristelli

Place Signed /

Submitted

(Section Break)