



ADVISORY GROUP APPLICATION

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	Mr.
First Name	Ladd
Last Name	Shumway
Today's Date	4/14/2026
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
Do you live in Whatcom County?	Yes
Do you have a different mailing address?	Field not completed.
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
1 Name of Advisory Group	Lynden/Everson Flood Control Sub-Zone Advisory Committee
2 Do you meet the residency, employment, and/or affiliation requirements of the position for which you're applying?	Yes
Position	-
3 Which Council district do you live in?	District 4
4 Have you ever been a member of this Advisory Group	the last 4 years...21-25
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	Current Berry Farmer Shumway's Berries. Retired from teaching Agriculture/FFA advisor at Mt Baker and Lynden, 42 years
8 Please describe why you're interested in serving on this Advisory Group.	Live in the flood plain Noon and Abbott roads. Can contribute ideas on river management
References (please include daytime telephone number):	Jeff DeJong [REDACTED]
Appointment Requirements* Do you agree?:	I understand and agree

Signature of Applicant:

Ladd Shumway

Place Signed/Submitted:



*My signature affirms that the information provided in this application is true and correct. If appointed, I will comply with the Council & Executive Expectations of Advisory Group Members and complete Open Government Training as required by RCW 42.30.205