



### APPLICATION FOR APPOINTMENT TO WHATCOM COUNTY BOARDS AND COMMISSIONS

PLEASE PRINT LEGIBLY and COMPLETE ALL ITEMS

Name: \_\_\_\_\_ Date: 5/28/17  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Mailing Address (if different from street address): \_\_\_\_\_  
 Day Telephone: cell Evening Telephone: cell Cell Phone: \_\_\_\_\_  
 E-mail address: \_\_\_\_\_

- Name of board or committee-**please see reverse:** NW Senior Services
- You must specify which position you are applying for. Please refer to vacancy list.
- Do you meet the residency, employment, and/or affiliation requirements of the position for which you're applying?  
(If applicable, please refer to vacancy list.)  yes ( ) no
- Which Council district do you live in? ( ) One ( ) Two ( ) Three ( ) Four  Five
- Are you a US citizen?  yes ( ) no
- Are you registered to vote in Whatcom County?  yes ( ) no
- Have you ever been a member of this Board/Commission?  yes ( ) no  
If yes, dates: \_\_\_\_\_
- 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  no  
If yes, please explain: \_\_\_\_\_
- Have you declared candidacy (as defined by RCW 42.17A.055, see instructions) for a paid elected office in any jurisdiction within the county? ( ) yes  no

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

- Please describe your occupation (or former occupation if retired), qualifications, professional and/or community activities, and education. Detailed information provided previously. I am currently self-employed & provide helpful services to individuals in the Birch Bay & Blaine communities. Clients include seniors & those with disability
- Please describe why you're interested in serving on this board or commission: I am passionate about making sure services and help are available to those in need, as well as creating opportunities for personal growth & physical health.

References (please include daytime telephone number): Ellie Banerake \_\_\_\_\_  
Lisa Kertson \_\_\_\_\_  
 Signature of applicant: Don & Laronne Smith \_\_\_\_\_