

**From:** [noreply@civicplus.com](mailto:noreply@civicplus.com)  
**To:** Online Form Submittal: Board and Commission Application  
**Subject:** Sunday, January 10, 2021 1:44:34 PM  
**Date:**

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## Board and Commission Application

### Step 1

Application for Appointment to Whatcom County Boards and Commissions

#### Public Statement

*THIS IS A PUBLIC DOCUMENT: As a candidate for a public board or commission, the information provided will be available to the County Council, County Executive, and the public. All board and commission 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 clara

Last Name cunningham

Today's Date 1/5/2021

Street Address 1101 n state street, suite 300

City Bellingham

Zip 98225

Do you live in & are you registered to vote in Whatcom County? Yes

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

Primary Telephone 3604836192

Secondary Telephone *Field not completed.*

Email Address claracunningham1008@gmail.com

### Step 2

1. Name of Board or Child & Family Well-Being Task Force

## Committee

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Child & Family Well-Being Task Force

Yes

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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 1

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4. Are you a US citizen?

Yes

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5. Are you registered to vote in Whatcom County?

Yes

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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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7. Have you ever been a member of this Board/Commission?

No

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8. 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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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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9. Please describe your occupation (or former occupation if retired), qualifications, professional and/or community activities, and education

I offer Attachment and bonding support and education for families with young children. I'm also specialized in pre verbal trauma resolution. I've been practicing Cranialsacral therapy and somatic process work facilitation for 18 years and teaching for the past 6 years. I have advanced specialized training in Pre and Peri-natal Somatic Psychology and am trained as an educator and practitioner for the past 10 years.

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10. Please describe why you're interested in serving on this board or commission

I would like to support the broader community in understanding what small children/babies need in order to thrive. I would like to advocate for the needs of the families that I already serve.

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References (please include daytime telephone number):

Pamela Fuller 360-920-6843  
Barbara Sardarov 206-724-6900  
Myrna Martin 250-509-1033 250-352-1655  
Sarah Wright 206-466-7389  
Amanda Hare 360-224-3601  
Leah Grossman 206-595-8055  
Jennifer Sanders 484-995-8160

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Signature of applicant: Marian Clara Cunningham

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Place Signed / Submitted 1101 N State St., Suite 300 Bellingham WA 98225

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(Section Break)

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