

**Subject:** Online Form Submittal: Advisory Group Application  
**Date:** Wednesday, December 17, 2025 7:26:37 AM

## 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	Mr.
First Name	Virgil
Last Name	Thompson
Today's Date	12/17/2025
Do you live in Whatcom County?	Yes
Do you have a different mailing address?	<i>Field not completed.</i>

## Step 2

1. Name of Advisory Whatcom County Ferry Advisory Committee

Group

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Whatcom County Ferry Advisory Committee I live or own property on Lummi Island

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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 5

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4. Have you ever been a member of this Advisory Group No

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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

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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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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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7. Please describe your occupation (or former occupation if retired), qualifications, professional and/or community activities, Retired, formerly university teacher

and education

8. Please describe why you're interested in serving on this Advisory Group. Serve my community during critical period for ferry service.

References (please include daytime telephone number):

Tom Philpot

## Appointment Requirements

I understand and agree

Signature of applicant:

Virgil Thompson

Place Signed /  
Submitted

## (Section Break)