

**Subject:** Online Form Submittal: Advisory Group Application  
**Date:** Thursday, December 11, 2025 2:24:56 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	Mrs.
First Name	Pamela
Last Name	Kahn
Today's Date	12/11/2025
[REDACTED]	
[REDACTED]	
[REDACTED]	
[REDACTED]	
Do you live in Whatcom County?	Yes
Do you have a different mailing address?	<i>Field not completed.</i>
[REDACTED]	
[REDACTED]	
[REDACTED]	
[REDACTED]	

## Step 2

1. Name of Advisory Justice Project Oversight & Planning Committee

Group

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Justice Project  
Oversight and Planning  
(JPOP) Committee

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Supportive housing subject matter expert, Behavioral health  
provider

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2. Do you meet the  
residency,  
employment, and/or  
affiliation requirements  
of the position for  
which you're applying?

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3. Which Council  
district do you live in?

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4. Have you ever been  
a member of this  
Advisory Group

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If yes, please list dates: Current from January 2025

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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?

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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?

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

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7. Please describe your  
occupation (or former  
occupation if retired),

I currently provide mental health support services at City Gate  
Apartment residents. City Gate is a permanent supportive  
housing complex. I am a Licensed Independent Clinical Social

qualifications, professional and/or community activities, and education

Worker. I have served this community in varied capacities over the past 16 years to include being a participant in Coordinated Entry as Governing Body member and active with Whatcom County Coalition to End Homelessness.

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

As an employee of Pioneer Human Services I'm committed to support for re-entry population. PHS Mission statement directs my efforts to provide a "Chance for Change" to those in the community and those I personally serve. I work to address barriers to success for the communities criminal justice involved citizens.

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References (please include daytime telephone number):

Joseph Nagel [REDACTED]

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Appointment Requirements

I understand and agree

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Signature of applicant: Pamela M. Kahn, LICSW

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Place Signed / Submitted

[REDACTED]

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(Section Break)

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