

**Subject:** Online Form Submittal: Advisory Group Application  
**Date:** Monday, December 16, 2024 11:31:43 AM

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## 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	Guy
Last Name	Occhiogrosso
Today's Date	12/16/2024
Street Address	
City	
Zip	
Do you live in Whatcom County?	Yes
Do you have a different mailing address?	Field not completed.
Primary Telephone	
Secondary Telephone	Field not completed.
Email Address	

### Step 2

1. Name of Advisory	Public Health Advisory Board
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## Group

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Public Health Advisory Board	I have expertise, career experience, or lived experience in one of the areas listed above., I am a consumer of public health services. , I represent a stakeholder, such as a nonprofit organization, the business community, or those regulated by public health.
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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 4
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4. Have you ever been a member of this Advisory Group	Yes
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If yes, please list dates:	Current member reapplying for membership
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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	<i>Field not completed.</i>
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7. Please describe your	President/CEO of Bellingham Regional Chamber of Commerce
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occupation (or former  
occupation if retired),  
qualifications,  
professional and/or  
community activities,  
and education

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

Continuing the conversation between public health services and  
engagement (and impacts) with the business community.

References (please  
include daytime  
telephone number):

*Field not completed.*

Appointment  
Requirements

I understand and agree

Signature of applicant:

Guy Occhiogrosso

Place Signed /  
Submitted



(Section Break)