



WHATCOM COUNTY COUNCIL

APPLICATION FOR APPOINTMENT TO WHATCOM COUNTY BOARDS AND COMMISSIONS

PLEASE PRINT LEGIBLY and COMPLETE ALL ITEMS

Name: TAMARA DANELLE COOPER-WOODRICH Date: 8/25/23
Street Address: [REDACTED]
City: DEMING Zip Code: 98244
Mailing Address (if different from street address): [REDACTED], DEMING WA 98244
Day Telephone: [REDACTED] Evening Telephone: [REDACTED] Cell Phone: [REDACTED]
E-mail address: twoodrich@yahoo.com

- 1. Name of board or committee-please see reverse: Bellingham-Whatcom Co Commission on SA/DV
- 2. You must specify which position you are applying for. Please refer to vacancy list. Human Services Provider
- 3. 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.) (X) yes () no
- 4. Which Council district do you live in? () One () Two (X) Three () Four () Five
- 5. Are you a US citizen? (X) yes () no
- 6. Are you registered to vote in Whatcom County? (X) yes () no
- 7. Have you ever been a member of this Board/Commission? (X) yes () no
If yes, dates: not sure
- 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? () yes (X) no
If yes, please explain:
- 9. 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 (X) no

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

- 10. Please describe your occupation (or former occupation if retired), qualifications, professional and/or community activities, and education. current Vocational Rehabilitation Counselor for North Intertribal Vocational Rehabilitation Program, which services Whatcom County
 - 11. Please describe why you're interested in serving on this board or commission: I was asked by Susan Marks. Served as a domestic violence counselor 2014-2017 for the Nooksack Indian Tribe Domestic Violence Program.
- References (please include daytime telephone number): Sherie Johnny wk: [REDACTED] cell: [REDACTED]; Annette Solomon cell: [REDACTED]

If appointed, I will comply with the Council & Executive Expectations of Boards and Committee Members and complete Open Government Training as required by RCW 42.30.205.

Signature of applicant: Tamara D Cooper-Woodrich