



Application for Appointment to Whatcom County Boards and Commissions

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 *Field not completed.*

First Name Raegen

Last Name Miller

Today's Date 1/4/2024

Street Address

██████████

City Custer

Zip 98240

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 Group Developmental Disabilities Board

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

3. Which Council district do you live in? Not applicable

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

If yes, please list dates: 2021-23

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? Yes

If yes, please explain I work for Ferndale School District

6. Have you declared candidacy (as defined by RCW 42.17A.055) for a paid elected office in any jurisdiction within the county? No

You may attach a resume or detailed summary of experience, qualifications, & interest in response to the following questions *Field not completed.*

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

and/or community activities,
and education

8. Please describe why you're interested in serving on this Advisory Group. Aligns with professional focus

References (please include daytime telephone number): See current DDAB board members, as needed

Appointment Requirements I understand and agree

Signature of applicant: Raegen Miller

Place Signed / Submitted Bellingham, WA
