



## Application for Appointment to Whatcom County Boards and Commissions

### Public Statement

*THIS IS A PUBLIC DOCUMENT: As a candidate for a public board or commission, the information provided will be available to the County Council, County Executive, and the public. All board and commission 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	Ms.
First Name	Arlene
Last Name	Feld
Today's Date	4/4/2019
Street Address	1510 Broadway
City	Bellingham
Zip	98225
Do you live in & are you registered to vote in Whatcom County?	Yes
Do you have a different mailing address?	<i>Field not completed.</i>
Primary Telephone	360-441-6421
Secondary Telephone	360-733-2022
Email Address	<a href="mailto:arlenefeld1@gmail.com">arlenefeld1@gmail.com</a>
1. Name of Board or Committee	<b>North Sound Behavioral Health Organization</b>
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?	District 5
4. Are you a US citizen?	Yes

5. Are you registered to vote in Whatcom County?	Yes
6. Have you declared candidacy (as defined by RCW 42.17A.055) for a paid elected office in any jurisdiction within the county?	No
7. Have you ever been a member of this Board/Commission?	Yes
If yes, please list dates:	2017-2019
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?	No
You may attach a resume or detailed summary of experience, qualifications, & interest in response to the following questions	<i>Field not completed.</i>
9. Please describe your occupation (or former occupation if retired), qualifications, professional and/or community activities, and education	Licensed MFT counselor. Staff counselor at Whatcom Co. Crisis Triage, 10 yrs. Incarceration Prevention Task Force. Interfaith Coalition Board BPD Community Advisory Committee
10. Please describe why you're interested in serving on this board or commission	We have influenced important improvements in the Mental Health care system over the last 2 yrs.
References (please include daytime telephone number):	Mayor Kelli Linville
Signature of applicant:	Arlene Feld
Place Signed / Submitted	Bellingham, Washington