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Stakeholder Advisory Committee

WHATCOM COUNTY COUNCIL

APPLICATION FOR APPOINTMENT TO WHATCOM COUNTY BOARDS AND COMMISSIONS

PLEASE PRINT LEGIBLY and COMPLETE ALL ITEMS

Name: Arlene Feld, M.A. MFT Date: 1-7-2020
Street Address: 1510 Broadway
City: Bellingham Zip Code: 98225
Mailing Address (if different from street address): _____
Day Telephone: 360-441-6421 Evening Telephone: 360-733-2022 Cell Phone: 360-441-6421
E-mail address: arlenefeld@gmail.com

- Name of board or committee-**please see reverse**: Stakeholders Advisory Com, Law & Justice
- You must specify which position you are applying for. **Please refer to vacancy list.** Behavioral Health Provider, Behavioral Health Advocate, Facility Needs Assessment
- 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.) Yes () no
- Which Council district do you live in? () One () Two Three () Four () Five
- Are you a US citizen? yes () no
- Are you registered to vote in Whatcom County? yes () no
- Have you ever been a member of this Board/Commission? () yes no
If yes, dates: _____
- 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 no
If yes, please explain: _____
- 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 no

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

- Please describe your occupation (or former occupation if retired), qualifications, professional and/or community activities, and education.

<u>"Community" experience</u>	<u>"Professional" experience</u>
<u>IPRTF 1 year</u>	<u>Marriage & Family Therapist, M.A. MFT</u>
<u>Chief Doll's Advisory Council - 4 yrs</u>	<u>10 yrs Whatcom Co Crisis Triage</u>
<u>NSRH-ASO 3 yrs</u>	<u>14 yrs FACEY MEDICAL GROUP</u>
<u>Interfaith Coalition 3 yrs</u>	<u>1 yr - Touchstone, Blaine</u>
	<u>35 yrs Private Practice</u>

11. Please describe why you're interested in serving on this board or commission:
It is important to expand mental health care for our County to be safe and healthy and for the success of Diversion Services. My experience in Triage taught me what is lacking and what is effective..

References (please include daytime telephone number): Chief David Doll, 360-778-8800
Sharon Shewmake, 360-676-2040, Kelli Linville, 360-778-8100

Signature of applicant: Arlene Feld, M.A. MFT

THIS IS A PUBLIC DOCUMENT: As a candidate for a public board or commission, the above information 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.