



**SNOHOMISH COUNTY BOARDS & COMMISSIONS NOMINATION FORM**

**INITIATOR: Please fill in this section**

County department/agency: Human Services Department

Contact person/phone: Wendy Roullier, (425) 388-7236

Name of Board/Commission: Chemical Dependency and Mental Health Program Advisory Board

Advisory  Governing \_\_\_\_\_ Ad Hoc \_\_\_\_\_ Ongoing \_\_\_\_\_

Term of Appointment 3-Year Term Commencing upon appointment

Mandated Requirements for Appointment\* At-Large, Housing field

**SNOHOMISH COUNTY BOARDS & COMMISSIONS APPLICATION FORM**

**NOMINEE: Please fill in this section**

Name of Board/Commission: CDMH Board

New appointment: \_\_\_\_\_ Reappointment: 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup>  Ex-Officio \_\_\_\_\_

Snohomish County Council District (Please choose one):

1                      2                      3                      4                      5                      Don't Know

Name: Mark Smith

Home Address: see attached nomination form

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Telephone (home): \_\_\_\_\_ (work) \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Education: \_\_\_\_\_

Licenses held (if applicable): \_\_\_\_\_

Why would you like to serve on this board/commission? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Please explain why you are a qualified candidate, including relevant professional experience, to serve on the board/commission. \_\_\_\_\_

\_\_\_\_\_

Please list community involvement/volunteer activities. \_\_\_\_\_

\_\_\_\_\_

How did you learn of this opportunity? \_\_\_\_\_

Do you currently serve on a Snohomish County board or commission? \* \_\_\_\_\_

**\*2.03.060SCC - Candidates for appointment to County boards or commission must meet the following requirements:**

1. Possess qualifications for the appointment sought, as shown by the candidate's written documentation and any hearing testimony.
2. If a reappointment, demonstrate the continuing benefits of retaining the board member as discussed in the executive's recommendation and a satisfactory attendance record, as determined by adopted criteria of the particular board.
3. Reside or work in Snohomish County or show evidence of special interest in Snohomish County, provided that a candidate may not be a County employee.

**By signing this Application Form, Nominee acknowledges that he/she will comply with all county policies, county code, and state law. Nominee also acknowledges that any record, including personal e-mail, prepared, owned, used, or retained by Nominee in the conduct of Board/Commission business is a public record, and Nominee agrees to produce said records to County upon request. Failure to comply with the above provisions may result in Nominee's removal from Board/Commission.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please attach resume if available and return to:**  
Dave Somers, County Executive Snohomish County  
Executive Office 3000 Rockefeller Ave., MS 407  
Everett, WA 98201-4046

(425) 388-3699 phone (425) 388-3434 fax [county.executive@snoco.org](mailto:county.executive@snoco.org)

**SNOHOMISH COUNTY BOARDS & COMMISSIONS  
NOMINATION FORM**

**INITIATOR**

County department/agency Human Services Department  
Contact person/phone Wendy Roullier, (425) 388-7236  
Name of Board/Commission Chemical Dependency/Mental Health Program Advisory Board  
Advisory  Governing \_\_\_\_\_ Ad Hoc \_\_\_\_\_ Ongoing \_\_\_\_\_  
Term of Appointment 3-year term Commencing upon appointment  
Mandated Requirements for Appointment\* at-large position; housing

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**NOMINEE** – *Please fill in this section*

Name Mark Smith  
New appointment  Reappointment: 1st \_\_\_\_\_ 2nd \_\_\_\_\_ Ex Officio \_\_\_\_\_  
County Council District 3  
Home Address 5628 181st PI SW  
City Lynnwood State WA (zip) 98037  
Mailing Address (if different) \_\_\_\_\_  
Telephone (home) 425-387-9907 (work) 425-339-1015  
E-mail mark@housingsnohomish.org  
Employer Housing Consortium of Everett and Snohomish County  
Occupation Non-profit management  
Education BA, University of Washington  
Licenses held (if applicable) NA  
Professional experience relevant to board/commission Executive Director, Housing Consortium of Everett & Snohomish County, 3yrs;

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Community involvement Board Member, Partnership to End Homelessness; Co-Chair, Housing & Shelter Implementation Committee, City of Everett Community Streets Initiative; Former Lynnwood City Council Member

Do you serve on any other Snohomish County board or commission?\* No

Reasons for serving/additional comments As Executive Director of HCESC, I represent over 50 organizations working on affordable housing related issues in Snohomish County, including 21 that develop, own and operate affordable housing for a variety of populations including the chronically homeless, mentally ill and chemically dependant. As the "Housing Representative" to the CD/MH Sales Tax Advisory Board, I am able to offer a broad perspective and understanding of affordable housing in Snohomish County

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2. If a reappointment, demonstrate the continuing benefits of retaining the board member as discussed in the executive's recommendation and a satisfactory attendance record, as determined by adopted criteria of the particular board.
3. Reside or work in Snohomish County or show evidence of special interest in Snohomish County, provided that a candidate may not be a County employee.
4. Membership is limited to one position at a time on a board or commission, provided that a member of a board may simultaneously serve on one ad hoc or advisory committee. (Ord. 82-037 § 1, adopted June 9, 1982)

Signature



Date

1.23.2015

**Please attach resume if available and return to:**

John Lovick, County Executive  
Snohomish County Executive Office  
3000 Rockefeller Ave., MS 407  
Everett, WA 98201-4046

(425) 388-3460  
(425) 388-3434 fax

[county.executive@snoco.org](mailto:county.executive@snoco.org)