



## 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\* Snohomish County Representative on the North Sound Behavioral Health Organization Advisory Board (now known as NS BH-ASO)

## 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: Jack Eckrem

Home Address: see attached original nomination form for AOD Board

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 Snohomish County AOD  
Contact person/phone Susan Johnson 425-388-7231  
Name of Board/Commission AOD Board  
Advisory  Governing  Ad Hoc  Ongoing   
Term of Appointment 3 Commencing 12/15/2013  
Mandated Requirements for Appointment\* Must be Snohomish County Res.

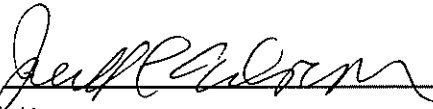
**NOMINEE - Please fill in this section**

Name Jack L. Eckrem  
New appointment  Reappointment: 1st  2nd  Ex Officio   
County Council District 4  
Home Address 16410 15th Dr. SE  
City Mill Creek State WA (zip) 98012  
Mailing Address (if different) \_\_\_\_\_  
Telephone (home) (425) 385-2211 (cell) (425) 501-2971 (work) \_\_\_\_\_  
E-mail jleekrem@pobox.com  
Employer Retired - USAF and Evergreen Treatment Svcs., Seattle  
Occupation Health Care Administrator  
Education BBA & MBA  
Licenses held (if applicable) \_\_\_\_\_  
Professional experience relevant to board/commission Member of this Board for many years. Administrative Director, Evergreen Treatment Svcs (20 years), UW Med Center (3 yrs) USFEMSC (22 yrs)  
Community involvement Chair Mill Creek Civil Services Commission (20 years) Chair, Board of Directors - Evergreen Treatment Svcs. Treasurer, Board of Trustees, NW Region Unity Church  
Do you serve on any other Snohomish County board or commission? Yes - 1% Tax Board  
Reasons for serving/additional comments I have worked in Chemical Dependency Treatment in various roles since 1988, and want to continue to serve Snohomish County in this field

(over please)

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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 11/18/2014

**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)