



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, recommended consumer/family advocate

SNOHOMISH COUNTY BOARDS & COMMISSIONS APPLICATION FORM

NOMINEE: Please fill in this section

Name of Board/Commission: CDMH Board

New appointment: _____ Reappointment: 1st _____ 2nd Ex-Officio _____

Snohomish County Council District (Please choose one):

1 2 3 4 5 Don't Know

Name: Carolyn Hetherwick Goza

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

**SNOHOMISH COUNTY BOARDS & COMMISSIONS
NOMINATION FORM**

INITIATOR

County department/agency: Snohomish County, Community Mental Health
Contact person/phone: Courtney Phillips-Youman, 425-388-7209
Name of Board/Commission: North Sound Behavioral Health Organization Advisory Board
Advisory Governing Ad Hoc Ongoing
Term of Appointment: 3 Commencing: December 19, 2016
Mandated requirements for appointment*: Must be Snohomish County resident

NOMINEE – Please fill in this section

Name: Carolyn Hetherwick Goza
New Appointment: Reappointment: 1st 2nd Ex Officio
County Council District: 2
Home Address: 4927 23rd Ave. West
City: Everett State: WA Zip: 98203
Mailing Address (if different): _____
Telephone (home): 425-347-5365 (work): Cell 425-301-6824
Email: chetherwickg@gmail.com
Employer: Retired
Occupation: College professor
Education: See attached
Licenses held (if applicable): _____
Professional experience relevant to board/commission:
See attached

Community involvement: See attached

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

Reasons for serving/additional comments: We must save our youth living—and dying—with mental health conditions or substance abuse disorders. I lost my beloved husband of 40 years + our precious grandson, 5 years old at the time, whom we had adopted as an infant to murder/suicide caused by his mental illness. And my phone rings 24/7 with parents desperate to find help for their children. We have retired from teaching, after 14 6-week sessions, the NAMI (National Alliance on Mental Illness) class for parents of children/youth/ adolescents living with mental health conditions (BASICS) but continue the monthly parent support group for the same that we have done for 8

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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.
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 and ad hoc or advisory committee. (Ord. 82-037 § 1, adopted June 9, 1982).

Signature See previous page

Date _____

Please attach resume, if available, and return to:

Dave Somers, County Executive
Snohomish County Executive Office
3000 Rockefeller Avenue, M/S 407
Everett, WA 98201-4046

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

county.executive@snoco.org