



SNOHOMISH COUNTY APPLICATION FORM Community Services Advisory Council (CSAC)



OFFICE USE ONLY:

SnoCo District _____ Legislative District _____ New Member ☒ Re-Appointment _____

PERSONAL INFORMATION

Name: Joan Penney

Home Street Address: 4210 Lupine Drive

City: Mount Vernon State: WA Zip 98273

Phone: 360-631-0124 Email: joanpenney@housinghope.org

Mailing Address (if different):

PROFESSIONAL EXPERIENCE

CURRENT EMPLOYMENT (if applicable): Title: Public Relations for Housing Hope

Address: 5830 Evergreen Way Phone: 425-347-6556 ext 349

Work email: joanpenney@housinghope.org Employed From Fall of 2020 To: still employed

Type of Work: Public speaking, media, writing, community outreach, housing advocacy, and fundraising.

Duties Performed: Same types of work as above including conflict management with tenants and community members.

EDUCATIONAL BACKGROUND

High School Attended: Marysville -Pilchuck High School

Community College Attended: _____

Technical/Trade School Attended: _____

College Attended: Seattle University, Western Washington University

Degree(s) Earned: BA and master's degrees.

Professional Certificates/Licenses Earned: Mediation Certificate, Nonprofit Administrative Management

Professional Classes or Workshops Taken: Diversity, Micro-aggression, workplace safety, group communication, trauma-informed communications.

Personal Enrichment Classes Taken: All types of music courses.



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BOARD SERVICE

Please list all other boards/commissions/councils on which you currently serve:

1. Jerry Walton Foundation
2. Civil Service Commissioner for Skagit County

VOLUNTEER/COMMUNITY INVOLVEMENT

Please list your current & past volunteer involvement & note if you were an officer/held a position of authority.

1. Skagit Community Foundation- secretary
2. Common Cause Partnership Campaign- lead organizer
- 3.

Reason/interest for wanting to serve?

Ending homelessness requires a collaborative, informed perspective, and a desire to keep learning about solutions. I have been an active housing advocate for the last six years across the region. I am honored to serve on CSAC and know I could bring momentum to the work.

What would you like to accomplish as a result of your participation on the CSAC?

My energy and interests are in alignment with the goals and outcomes of the organization. I look forward to helping make progress on the established plans and goals to serve our community members in need.

Comments: _____



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REASONABLE ACCOMMODATIONS

It is the policy of the CSAC that persons shall not be discriminated against membership on the Council because of race, color, national origin, creed, religion, sex, age, marital status, sexual orientation or ability. The CSAC actively encourages members of diverse communities to apply.

The CSAC values diversity and will reasonably assist participants who are disabled. Please tell us what accommodations are needed to fully participate on the CSAC: None

CONFLICT OF INTEREST

I, Joan Penney, agree to immediately notify the CSAC executive committee in writing of any real or perceived conflict of interest that may occur while serving on the CSAC. A conflict of interest exists when an individual's objective ability or independence of judgment in the performance of their official duties is impaired, or when the individual or individual's immediate family or business would derive financial gain as a result of the individual's position with the CSAC.

Time Commitment and Expectations of All CSAC Members

1. A commitment to work on the identified needs from the Community Needs Assessment.
2. A willingness and ability to commit an estimated three (3) hours a month to CSAC meetings, activities and preparations.
3. Attendance to all regularly scheduled meetings.
4. If you are employed, your work schedule must allow you to commit the time to regularly attend the monthly CSAC meetings. All meetings are held during business hours.
5. A willingness and ability to attend an annual planning meeting.



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COUNCIL DESIGNATION

The CSAC is required to include in its membership a specified ratio of persons who are low-income (or their representatives), elected officials (or their representatives) and community members. Please indicate which of these categories you believe you would represent:

- ☐ Low-Income (or Representative)
- ☐ Elected Official (or Representative)
- ☐ Community Member X

Please mail or email completed applications to:

Tanya Baniak, Human Services Specialist II
Snohomish County Human Services Department
3000 Rockefeller Avenue, M/S 305
Everett, WA 98201
Tanya.baniak@snoco.org (425) 388-2488

See us at <http://www.snohomishcountywa.gov/521/Community-Services-Advisory-Council>

I, Joan Penney, certify that the information provided on this application is true to the best of my knowledge and agree to uphold the Conflict of Interest and Time Commitment and Expectations of the Community Services Advisory Council.

Joan Penney
Signature of Applicant

8-7-2023
Date