



SNOHOMISH COUNTY BOARDS & COMMISSIONS NOMINATION FORM

INITIATOR: Please fill in this section

County department/agency: Snohomish County Human Services

Contact person/phone: Michael Salceda ext 3029

Name of Board/Commission: Veterans Assistance Fund Executive Board

Advisory X Governing _____ Ad Hoc _____ Ongoing X

Term of Appointment 4 years Commencing Upon reappointment

Mandated Requirements for Appointment* Honorably discharged Veteran

SNOHOMISH COUNTY BOARDS & COMMISSIONS APPLICATION FORM

NOMINEE: Please fill in this section

Name of Board/Commission: Veterans Assistance Fund Executive Board

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

Snohomish County Council District (Please choose one):

1

2

3

4

5

Don't Know

Name: David L. Griggs

Home Address: See attached nomination forms

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