



SNOHOMISH COUNTY APPLICATION FORM Community Services Advisory Council (CSAC)



OFFICE USE ONLY:			
SnoCo District _____	Legislative District _____	New Member _____	Re-Appointment _____

PERSONAL INFORMATION

Name: Morgan Webb
 Home Street Address: 8029 137th AVE SE
 City: SNOHOMISH State: WA Zip: 98290
 Phone: (206) 460 8955 Email: MORGAN.WEBB@LEADBUREAU.ORG
 Mailing Address (if different): _____

PROFESSIONAL EXPERIENCE

CURRENT EMPLOYMENT (if applicable): Title: RECOVERY NAVIGATOR PROGRAM COORDINATOR
 Address: 11627 AIRPORT RD, EVERETT Phone: 425 508 2370
 Work email: MORGAN.WEBB@LEADBUREAU.ORG Employed From 8-21 To: current
 Type of Work: Outreach + Advocacy for unhoused, justice system impacted
 Duties Performed: Case management, outreach to unhoused communities, data-keeping, advocacy, connect people to resources

EDUCATIONAL BACKGROUND

High School Attended: EDMONDS WOODWAY HS
 Community College Attended: SHORELINE CC, EVERETT CC
 Technical/Trade School Attended: _____
 College Attended: UNIVERSITY of WA Bothell campus
 Degree(s) Earned: AA in Human Services, BA in Community Psychology
 Professional Certificates/Licenses Earned: certified Peer Counselor, Recovery Coach
 Professional Classes or Workshops Taken: Volunteer Management, Naloxone Training, Motivational Interviewing, Burnout + Trauma Training
 Personal Enrichment Classes Taken: various support groups



SNOHOMISH COUNTY APPLICATION FORM Community Services Advisory Council (CSAC)



BOARD SERVICE

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

1. Coordinated Entry Advisory Committee.
2. _____
3. _____

VOLUNTEER/COMMUNITY INVOLVEMENT

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

1. _____
2. _____
3. _____

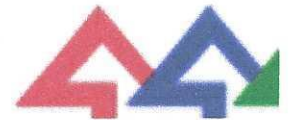
Reason/interest for wanting to serve? I really enjoy being able to use my own lived experiences to help bring about changes to broken, old, sometimes deeply traumatizing systems.

What would you like to accomplish as a result of your participation on the CSAC? I would love to help implement some of the recommendations from the Poverty Working Group!

Comments: _____



SNOHOMISH COUNTY APPLICATION FORM Community Services Advisory Council (CSAC)



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: _____

CONFLICT OF INTEREST

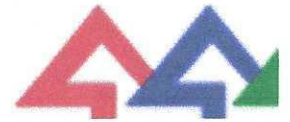
I, Morgan Webb, agree to immediately notify the CSAC executive committee in writing of any real or perceived conflict of interest that may occur while serving on the CSAC. A conflict of interest exists when an individual's objective ability or independence of judgment in the performance of their official 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.



SNOHOMISH COUNTY APPLICATION FORM Community Services Advisory Council (CSAC)



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

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, Morgan Webb, 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.

Morgan Webb 3/5/23
 Signature of Applicant Date