



SNOHOMISH COUNTY APPLICATION FORM
Community Services Advisory Council
(CSAC)



OFFICE USE ONLY:

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

PERSONAL INFORMATION

Name: Gregg Arnold

Home Street Address: 904 Sea Vista Place

City: Edmonds

State: WA

Zip: 98020

Phone: (425) 771-8883

Email: Gregg@raincg.com

Mailing Address (if different): _____

PROFESSIONAL EXPERIENCE

CURRENT EMPLOYMENT (if applicable): Title: Lecturer UW (teach business classes, part time)

Address: _____ Phone: _____

Work email: _____ Employed From _____ To: _____

Type of Work: _____

Duties Performed: _____

EDUCATIONAL BACKGROUND

High School Attended: South Salem (Oregon)

Community College Attended: _____

Technical/Trade School Attended: _____

College Attended: University of Oregon (BS), Stanford (MBA)

Degree(s) Earned: BS, MBA

Professional Certificates/Licenses Earned: _____

Professional Classes or Workshops Taken: _____

Personal Enrichment Classes Taken: _____



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BOARD SERVICE

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

1. _____
2. _____
3. _____

VOLUNTEER/COMMUNITY INVOLVEMENT

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

1. Snohomish County Low-Income Community Needs Assessment Working Group
2. _____
3. _____

Reason/interest for wanting to serve?

I am very concerned about the effects of what I see as an increasing income distribution gap. I would like to at least be part of the work to offset some of the pain caused by low income.

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

Hopefully I can contribute some of my knowledge and time to make programs for low income (and other disadvantaged people) even just a little more effective.

Comments:

My community volunteer experience is limited to mostly involvement with things like school programs (e.g. math coaching). However, I have a good deal of experience with management in business and non-profit organizations which hopefully would be of value to the CSAC.



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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: _____

CONFLICT OF INTEREST

I, Gregg Arnold, 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.



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:

Tyler Verda, Community Service Block Grant Program Manager
Snohomish County Human Services Department
3000 Rockefeller Avenue, M/S 305
Everett, WA 98201
tyler.verda@snoco.org (425) 262-2904

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

I, Gregg Arnold, 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.


Signature of Applicant

2/8/23
Date