



SNOHOMISH COUNTY BOARDS & COMMISSIONS NOMINATION FORM

INITIATOR: Please fill in this section

County department/agency: _____

Contact person/phone: _____

Name of Board/Commission: _____

Advisory _____ Governing _____ Ad Hoc _____ Ongoing _____

Term of Appointment _____ Commencing _____

Mandated Requirements for Appointment* _____

SNOHOMISH COUNTY BOARDS & COMMISSIONS APPLICATION FORM

NOMINEE: Please fill in this section

Name of Board/Commission: Veteran's Assistance Advisory Board

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

Snohomish County Council District (Please choose one):

1 2 3 4 5 Don't Know

Name: Robin Schwartz

Home Address: 615 Wetmore Ave

City: Everett State: WA Zip: 98201

Mailing Address (if different): SAME

Telephone (home): 425-252-6509 ^{Cell}(work) 425-737-2331

E-mail: johnrobin01@msn.com

Current Employer: retired - formerly Homage

Occupation: retired social worker

Education: MSW University of WA

Licenses held (if applicable): LICSW

Why would you like to serve on this board/commission? I am a retired USNR senior chief and have an insight into female reserve needs, especially those who were individual augmentees during the Global War on Terror



Please explain why you are a qualified candidate, including relevant professional experience, to serve on the board/commission. Veteran; social worker with experience supporting older adult veterans and their caregivers

Please list community involvement/volunteer activities. Informal support to older adults trying to remain living in their own home.

How did you learn of this opportunity? Thru Homeage

Do you currently serve on a Snohomish County board or commission?* This board

***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: Robin Schwab

Date: 8/15/23

Please attach resume if available and return to: - previously provided
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