



## 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: 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> X Ex-Officio \_\_\_\_\_

Snohomish County Council District (Please choose one):

1                      2                      3                      4                      5                      Don't Know

Name: John L. Natterstad

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](mailto:county.executive@snoco.org)