



# SNOHOMISH COUNTY APPLICATION FORM

## Community Services Advisory Council (CSAC)

**OFFICE USE ONLY:**

SnoCo District \_\_\_\_\_ Legislative District \_\_\_\_\_ New Member \_\_\_\_\_ Re-Appointment \_\_\_\_\_

**PERSONAL INFORMATION**

Name: \_\_\_\_\_

Home Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (        ) \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

**PROFESSIONAL EXPERIENCE**

CURRENT EMPLOYMENT (if applicable): Title: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Work email: \_\_\_\_\_ Employed From \_\_\_\_\_ To: \_\_\_\_\_

Type of Work: \_\_\_\_\_

Duties Performed: \_\_\_\_\_

**EDUCATIONAL BACKGROUND**

High School Attended: \_\_\_\_\_

Community College Attended: \_\_\_\_\_

Technical/Trade School Attended: \_\_\_\_\_

College Attended: \_\_\_\_\_

Degree(s) Earned: \_\_\_\_\_

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. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Reason/interest for wanting to serve? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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: \_\_\_\_\_

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## **CONFLICT OF INTEREST**

*I, \_\_\_\_\_, 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.



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### 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](mailto:Tanya.baniak@snoco.org) (425) 388-2488

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

I, \_\_\_\_\_, 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*

\_\_\_\_\_  
*Date*