

# Snohomish County Boards & Commissions Application Form

## ***SNOHOMISH COUNTY BOARDS & COMMISSIONS APPLICATION FORM***

NOMINEE: Please fill in this section

Name of Board/Commission: North Sound Mental Health Admin Advisory Board

New Appointment

Snohomish County Council District (Please choose one):

3

Name Gay-Lynn Beighton

Home Address

[REDACTED]

Mailing Address (if different)

*Field not completed.*

City Edmonds

State WA

Zip Code 98026

Telephone (Home)

[REDACTED]

Telephone (Work)

[REDACTED]

Email [gay-lynnb@namisnohomishcounty.org](mailto:gay-lynnb@namisnohomishcounty.org)

Current Employer none

Occupation retired

Education DDH University of Manitoba

Licenses held (if applicable) *Field not completed.*

Why would you like to serve on this board/commission? I have an interest in improving the lives of people with mental illness and their families

Please explain why you are a qualified candidate, including relevant professional experience, to serve on the board/commission. I have lived experience as a peer and as a family member of a relative with SMI.

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Please list community involvement/volunteer activities I am currently a volunteer as the NAMI-Sno-Isle Public Policy Chair.

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How did you learn of this opportunity? I learned of this opportunity through Michele Meaker, who is currently serving on this committee.

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

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*\*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.*

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**\*\*Please be advised, effective January 1, 2022 individuals joining identified boards and commissions will be required to pass a background check.**

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*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.*

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Signature Gay-Lynn Beighton

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Date

June 6, 2023

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Please attach resume if  
available and either submit  
this form or print it and mail  
to

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*Field not completed.*

*Pursuant to the Public Records Act, Chapter 42.56 RCW, records submitted to Snohomish County and County Council are subject to public disclosure. The practice of the council office is to post all meeting and hearing materials to our website to ensure transparency, as well as to assist in facilitating public records requests.*

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