



WASHCOMISH COUNTY APPLICATION FORM
Community Services Advisory Council
(CSAC)



OFFICE USE ONLY:
SnoCo District _____ Legislative District _____ New Member _____ Re-Appointment _____

PERSONAL INFORMATION

Name: Barbara Tolbert _____

Home Street Address 115 S Macleod ave

City: Arlington State: WA Zip:98223

Phone: (360) 631-2986 _____) _____ Email: btolbert@arlingtonwa.gov

Mailing Address (if different): _____

PROFESSIONAL EXPERIENCE

CURRENT EMPLOYMENT (if applicable): Title: Mayor

Address: 238 N Olympic ave Phone: _360-403-3442

Work email btolbert@arlingtonwa.gov Employed From 2012 _____ To: current _____

Type of Work: Government _____

Duties Performed: _____

EDUCATIONAL BACKGROUND

High School Attended Grand Rapids High School

Community College Attended Bellevue CC

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. YMCA _____
2. ArlingtonFly-
In
3. EASC

VOLUNTEER/COMMUNITY INVOLVEMENT

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

1. CascadeValleyHospitalFoundationboardPresident
2. YMCA

Reason/interest for wanting to serve? **Currently serving and wish to continue with an interest in helping those living in poverty** _____

What would you like to accomplish as a result of your participation on the CSAC? Update strategies based on need assessment _____

Comments: _____



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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, Barb Tolbert _____, 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.



OMISH COUNTY APPLICATION FORM Community Services Advisory Council (CSAC)



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.



SNOHOMISH COUNTY APPLICATION FORM Community Services Advisory Council (CSAC)



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 (425) 388-2488

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

I, Barb Tolbert _____, 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.

barbara tolbert
Signature of Applicant

Date *2/27/23*