



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? _____

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

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, _____, 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.



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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 two (2) all-day meetings during the year 1) Rate and review Request For Proposal applications and 2) 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:

Jennifer King, Community Service Block Grant Program Manager
Snohomish County Human Services Department
3000 Rockefeller Avenue, M/S 305
Everett, WA 98201
Jennifer.king@snoco.org 425-312-0874

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