



SNOHOMISH COUNTY APPLICATION FORM
Community Services Advisory Council
(CSAC)



OFFICE USE ONLY:

SnoCo District _____ Legislative District _____ New Member _____ Re-Appointment _____

PERSONAL INFORMATION

Name: Cristine Morgan
Home Street Address: 116817 larch way E102
City: Lynnwood State: WA Zip: 98037
Phone: (425) 524-5407 Email: CristineM43@gmail.com
Mailing Address (if different): Same

PROFESSIONAL EXPERIENCE

CURRENT EMPLOYMENT (if applicable): Title: Outreach Case Manager
Address: 11627 Airport Rd Suite B Everett Phone: 425-465-6151
Work email: CMorgan@evergreenrc.org Employed From 2022 To: now
Type of Work: Case management / Social work / Community
Duties Performed: _____

EDUCATIONAL BACKGROUND

High School Attended: N/A
Community College Attended: EVCC + EDCC
Technical/Trade School Attended: Job corps
College Attended: N/A
Degree(s) Earned: Peer counselor
Professional Certificates/Licenses Earned: De-escalation Training 2023
GED CPR/First Aid Recovery coach
Professional Classes or Workshops Taken: Trauma informed care
Law and Ethics of Relationships in the clinical setting
Personal Enrichment Classes Taken: Poverty 101
Brene Brown



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BOARD SERVICE

Please list all other boards/commissions/councils on which you currently serve:

1. None currently.
2. _____
3. _____

VOLUNTEER/COMMUNITY INVOLVEMENT

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

1. Esther's Place in Everett
2. _____
3. _____

Reason/interest for wanting to serve? I want to provide inside and educate others. To improve our community!

What would you like to accomplish as a result of your participation on the CSAC? Be heard, bringing a voice. I would like to participate in the Solutions!

Comments: I am not the best writing things down ~ however I do have a lot to say that I know will benefit our community and quality of life.



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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: none needed at
this time.

CONFLICT OF INTEREST

I, Cristina Moragan, 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 (425) 388-2488

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

I, Cristine Morgan, 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.

 2-13-2024
Signature of Applicant Date