Thank you for your interest in becoming a Snohomish Health District Public Health Advisory Council (PHAC) member. Before you complete the attached application, please take a few moments to read the following overview:

**What is the PHAC?**
Established by the Board of Health in 2009 and by RCW 70.46.140, the purpose of the PHAC is to:
- Convene community partners to provide periodic advice to the Snohomish Health District and the Board of Health
- Consider public health issues
- Make recommendations regularly to the Board of Health relevant to improving the health of the residents of Snohomish County

**What is the Role of a PHAC member?**
PHAC members serve in an advisory capacity to the Board of Health and District. They represent the objective views of the community on existing and emerging public health issues, advise the Board of Health on recommended actions to improve public health, implement or advocate for a Board of Health approved action, and keep the community informed of District goals and objectives. In their advisory capacity PHAC members provide a vital perspective on the development of public health plans, programs and direction. PHAC members may be asked to serve on work groups, interact with community groups, public health officials, and forums engaging the public.

**Who Can Become a PHAC Member?**
PHAC members are users and representatives of public health who reside in or serve Snohomish County residents and have expertise and some familiarity with public health. Per RCW 70.46.140 (3), membership preference shall be given to tribal, racial, ethnic, and other historically excluded communities.

**Who Is Ineligible to Become a PHAC Member?**
Persons with a conflict of interest, current District employee and their spouse, partner, and children, and city and county elected officials.

**What are the requirements of PHAC Member participation?**
- Regularly attend monthly meetings
- Active participation in alignment with community agreements
- Become knowledgeable and advocate for public health within your sector and spheres of influence
- Bring a connection to, relationship with, and advocacy for specific communities

**What is the term commitment?**
3 years
PUBLIC HEALTH ADVISORY COUNCIL APPLICATION

Today’s Date: _______________ Name: ____________________________________________
E-Mail: ___________________________ Preferred Phone: (____) _____________________
Home Address – Street, City, Zip Code: ___________________________________________
Mailing Address (if different): ____________________________________________________

Completion of this application assists us maintain a balance of representation, expertise and experience.
Once submitted, you will receive an e-mail or call within 5 business days. Applications are reviewed by the
PHAC chair and Vice-Chair, and District staff. Selected applicants are forwarded to the District Board of Health
Chair for nomination and potential appointment. This process can take up to 2 months to complete based on
the Board of Health meeting schedule.

For assistance completing the application or questions, contact Nicole Thomsen
(nthomsen@snohd.org, 425-339-8673)

1) What PHAC sector(s) are you interested in representing?

Experience & Expertise in:
☐ Behavioral Health
☐ Business & Philanthropy
☐ Communities the Experience Inequities
☐ Government
☐ Health Care Access & Quality
☐ Physical Environment
☐ Social & Economic: Housing & Basic Needs
☐ Social & Economic: Education
☐ Social & Economic: Employment
☐ Tribal Government & Communities

General:
☐ Community Stakeholders: Business Community
☐ Community Stakeholders: Non-Profit Organizations
☐ Community Stakeholders: Those Regulated by Public Health
☐ Persons who use Public Health Services
☐ Members with lived experiences in any of the “expertise and experience” sector

2) What is your racial/ethnic identity? (Please check all that apply) Per RCW 70.46.140 (3), membership
preference shall be given to tribal, racial, ethnic, and other historically excluded communities.

☐ American Indian or Alaska Native ☐ Middle Eastern or North African
☐ Asian ☐ Native Hawaiian or other Pacific Islander
☐ Black or African American ☐ White
☐ Latinx, Hispanic, or Spanish ☐ Prefer not to answer

3) Describe your community and/or the community your organization serves (Please check all that apply):

☐ Immigrant and Refugee ☐ English as a second language ☐ Seniors
☐ Differently abled ☐ BIPOC (Black, Indigenous, and ☐ Veterans
☐ LGBTQIA+ Persons of Color) ☐ Other: __________________________
☐ Homeless/Underhoused ☐ Low-income ☐ None of these
4) Is Snohomish County your prime residence or place of employment?  
Yes ☐  No ☐
If yes, which best represents your location/service area?
☐ North county – Incorporated cities (Stanwood, Granite Falls, Monroe, Lake Stevens)
☐ North county – Unincorporated county
☐ East county – Incorporated cities (Darrington, Sultan, Index, Gold Bar)
☐ East county – Unincorporated county
☐ Marysville & Arlington
☐ Everett
☐ Within one-mile of I-5
☐ Southwest county (incorporated cities and unincorporated county)

5) Are you currently employed by the Snohomish Health District?  
Yes ☐  No ☐

6) Are you or a family member involved in a vendor/contract relationship the District?  
Yes ☐  No ☐
If yes, please describe: _________________________________________________________________

7) Why would you like to serve and what is your vision for this Council? Please consider what your life experience would bring.
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8) List your formal education, credentials, and/or prior experience that relates to this Council and interested sector(s). Attach resume if preferred.
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9) How did you learn about the PHAC? ____________________________________________________

Signature: ______________________________