

Attachment A

KING COUNTY BOARDS AND COMMISSIONS



King County

REAPPOINTMENT REQUEST FORM

Thank you for your service on a King County board or commission. We are glad that you wish to continue serving the residents of King County as a member of a King County board or commission. In order to start the reappointment process, please complete this Reappointment Request form.

Date:

5/24/19

I'm seeking reappointment to the (board name):

Transit Advisory Commission

Name of Board Member Seeking Reappointment:

Angela Theriault

Preferred Contact Information:

Address	DBSC – 1620 18 th Ave
City, State, Zip Code	Seattle, WA 98122
Home Phone	
Work Phone	206 257 2754
Cell Phone	
Email Address	atheriault@seattledbsc.org

Physical Home Address (REQUIRED if different from preferred mailing address)

Home Address	3520 NE 130 th ST
City, State, Zip Code	Seattle, WA 98125

Please return your completed form to:

Rick Ybarra, Liaison for Boards and Commissions
King County Executive Office
401 Fifth Ave, Suite 800
Seattle, WA 98104
Direct Line: 206-263-9651
Email: Rick.Ybarra@kingcounty.gov

#128

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Wednesday, June 20, 2018 4:44:49 PM
Last Modified: Thursday, June 21, 2018 9:57:58 AM
Time Spent: 17:13:09
IP Address: 207.225.250.94

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Q1 If you are not appointed to the King County Transit Advisory Commission, are you interested in serving on a different King County board or commission? If so, which one(s)? Respondent skipped this question

Page 3: Personal information

Q2 Please provide the following information.

Your name: **Angela Theriault**
Your preferred mailing address: **1620 18th Ave**
Mailing address, line 2: **Suite 200**
City: **Seattle**
State: **WA**
ZIP: **98122**

Q3 What is your physical home address (if different from mailing address provided above)?

Address: **3520 NE 130th ST**
City/Town: **Seattle**
State: **WA**
ZIP: **98125**

Q4 In what King County Council District do you live? **District 6**
(See maps on King County website)

Q5 Please enter your preferred phone contact number, including area code.

206 257 2754

Q6 What type is the phone number you entered above? **Work**

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Q7 Please enter your personal email address.

atheriault@seattledbsc.org

Page 4: Employment

Q8 Are you currently employed? **Yes**

Page 5: Current employment details

Q9 What is your current job title?

Executive Director

Q10 Please enter the start date of your current employment.

2010

Q11 Please provide the following information about your current employer.

Company:	DeafBlind Service Center
Company's address	1620 18th Ave
Company's address line 2:	Suite 200
City/Town:	Seattle
State:	WA
ZIP:	98122

Page 6: Education

Q12 Please describe your education (high school, college/university).

School name	Gallaudet University
Year graduated or degree received	1992
School name	Central Michigan University
Year graduated or degree received	2000

Page 7: Computer skills and other qualifications

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Q13 What is your skill level with the following programs? (Not required for membership)

Microsoft Outlook (email)	Advanced
Microsoft Word	Advanced
Microsoft Excel	Intermediate
Microsoft PowerPoint	Advanced
Adobe (PDFs, Adobe Reader, etc.)	Beginner
Other (please specify)	I know MAC and MS both.

Q14 Professional licenses held (if applicable to this board/commission)

N/A

Q15 Have you been, or are you currently, a member of any city and/or county boards, commissions, or committees? If yes, please list them and the dates of your term(s).

Waterfront Seattle Program
Pedestrian Access Advisory Committee
Disability Advocacy Group (DAG)

Page 8: Transit-specific questions, p. 1

Q16 How did you learn about this opportunity?

David Miller from Lighthouse for the Blind forwarded Cindy's email to me.

Q17 What bus route(s) do you ride?

I often ride - 11, 10, 41, 312 and 522 for work/home. However I do ride other bus depend on my plans. I had rode on light rail, street car and rapid bus.

Q18 Describe issues you believe this commission should address.

To improve access for DeafBlind (DB) Challenge for DB who rides on transit to access equal. Communication barrier is number For example - driver does not know how to communicate with DB. DB does not able to get info that s/he get off the bus.

Page 9: Transit-specific questions, p. 2

Q19 List organizations you belong to or have belonged to and any leadership positions you have held in them.

Washington State DeafBlind Citizens
Medical Interpreter Task Force
Deaf Senior Conference in Seattle on Sept 2018 (Accessibility Chair)
Northwest DeafBlind Conference (exhalation hair and two presentations) last March 2018
Volunteer at Seabeck DeafBlind Retreat (annual summer for one week)

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Q20 Describe why you want to be a member of the King County Transit Advisory Commission.

I am DeafBlind and represent for DeafBlind community. I have advocated for many years. I know what kind of barriers that DeafBlind approach. I am committed to attend the meeting. I want to see the transit program to improve better access for DB and other disabilities.

Q21 Please explain why you feel you are the most qualified candidate for this appointment.

- - good listener
- provide feedback
- ally with DeafBlind community
- advocate skills
- solving problem skills
- negotiating skills

Q22 Please list the experience and accomplishments, either paid or volunteer, that you would bring to this commission.

One of our contracts required proof of each service encounter. Previously the method was time consuming and not accessible to DeafBlind people. Working with the Computer Science department at the University of Washington, we created an app whereby the DeafBlind person can easily document the details using their smart phone and send the information to their home computer, the service provider, and our agency at the same documenting the work. We provided the contractors and DeafBlind clients with a copy of the app and a QR card which is Braille accessible so it can be easily identified by the client. It is also helpful to the contractors when they prepare their invoices and helpful for DBSC (our agency) when we process

King county Transit planned to remove bus stop at 17th Ave and Madison Ave. I send an email to the transit dept. Good news - They changed their mind.

About 8 years ago we almost lost the majority of the funding for DBSC which at that time was coming through DSB. DSB was not meeting the federal criteria for matching funds. Since that time most of our funding was transferred to come through ODHH. When I was the Board President and Interim Director for DBSC, I negotiated with ODHH and encouraged community members to write letters to them to preserve our services.

Page 10: Personal information (optional)

Q23 What is your race/ethnicity?

White

Q24 What is your gender?

woman

Q25 What is your sexual orientation?

Lesbian

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Q26 Do you have a disability as defined by the Americans with Disabilities Act? **Yes**

Q27 What is your age? **42-52**

Q28 Person to notify in case of emergency (optional)

Name **Carolyn Traub**
Cell phone **206 445 8076**

Q29 Agreement and signature By submitting this application, I affirm that the facts set forth in it are true and complete to the best of my knowledge.

Name (typed) **Angela Theriault**
Date **6/21/2018**

Page 11: References (optional)

Q30 Reference 1

Name: **David Miller**
Company: **Lighthouse for the Blind**
City/Town: **Seattle**
State: **WA**
ZIP: **98144**
Email Address: **DMiller@seattlelh.org**

Q31 Reference 2

Name: **Holly Delcambre**
Company: **City of Seattle**
City/Town: **Seattle**
State: **WA**
Email Address: **holly.delcambre@seattle.gov**

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Q32 Reference 3

Name: **Theresa Smith**
City/Town: **Seattle**
State: **WA**
Email Address: **theresa-smith@comcast.net**