

# KING COUNTY BOARDS AND COMMISSIONS APPLICATION FORM



**King County**

(A resume may be substituted in lieu of submitting a completed application form)

**PLEASE NOTE:** Information provided on this form will be a public record subject to free and open examination by any person under the Washington State Public Records Act (RCW 42.56.250). However, while we will disclose the applicant's name, the applicant's address, phone number and email address will be redacted.

Thank you for your interest in serving on a King County board or commission. Individuals selected to serve on a King County board or commission will also be required to complete a King County Ethics Program Financial Disclosure Form within two weeks of being nominated to serve on a King County board or commission. Individuals appointed to serve on a board or commission that is overseen by an agency independent of King County government are exempt from the financial disclosure filing requirement.

**I'm Interested in Serving on the (Board or Commission Name):**

MIDD Advisory Committee

**My Name Is:**

Fartun S Mohamed

**Preferred Contact Information:**

Address	30248 26th PL S
City, State, Zip Code	Federal Way, WA 98003
Home Phone	(206) 212-4475
Work Phone	(206) 320-2230
Cell Phone	(206) 2274380
Email Address	fmohamed1212@gmail.com

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

Home Address	
City, State, Zip Code	

**Current Employer**

Job Title	Registered Nurse: Inpatient Behavioral Health Unit
Date of Employment	March, 2014
Company Name	Swedish Medical Center
Street Address	5300 Tallman Ave NW
City, State, Zip Code	Seattle, WA 98107

**King County Council District (Please type an "X" in the box to the right of your district)**

1  2  3  4  5  6  7  8  9  Don't Know

**Education (Highest education level reached)**

	School Name / Year Graduated if applicable
Some High School	
High School Graduate	Cleveland High school 2003
Some College	
College Graduate	Highline Community College 2006, AS, Gonzaga University 2008, BSN,
Grad School Graduate	

**Have you served on any other Board, Commission, or Committees (Please list them below)? NO**

Board, Commission or Committee Names	Year Appointed	Term Expired

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

I have educational and professional experience that make me an ideal candidate for this position. As a Registered Nurse, I have spent nearly a decade serving the health needs of various vulnerable populations. This includes but not limited to refugee and immigrants, those experiencing homelessness, and those suffering from mental illnesses. During this time, I have worked at Swedish Medical Center inpatient Behavioral Health unit where I provide care to psychiatric patient with to complex mental health diagnosis. I have also worked at Detox unit caring for those who were seeking treatment for substance abuse problem. These experiences provide me first hand insight to the mental health and substance abuse challenges faced by vulnerable populations in King County and put me in a unique position to be able to advocate for their health needs.

**How did you learn of this opportunity?**

I learned this opportunity from Ahmed Ali SHB Executive Director

**Do you hold any professional licenses, registrations or certificates in any field (Please type an "X" in the box)?**

Yes  No

**If you hold any professional licenses, please list them here:**

I work inpatient behavioral health unit RN. Caring for patients are voluntary and involuntary.

In King County, equity is fundamental to the society we wish to build. Our end goal is for full and equal access to opportunities, power and resources so all people may achieve their full potential. The MIDD Advisory Committee incorporates these values and has adopted its own equity values of “focus on equity and social justice and systemic racism” and “involvement of communities and consumers.” We are working to build an inclusive board that includes the voices of underrepresented populations, people of color, immigrants and refugees, LGBTQ individuals, low-income households, youth, the elderly, rural residents, people living with disabilities and more.

Please describe your experience with and/or commitment to promoting equity. What opportunities do you see for the MIDD Advisory Committee to incorporate the voice of all communities in King County?

At this table, I will be representing Somali Health Board (SHB). SHB network of Somali health professionals working together to reduce health disparities in the Somali community in King County. Not only are we advocating and addressing the health needs of our community, but we are also working with other underrepresented communities to help them form their own health boards. At this table, I will be advocating and uplifting the voices of all these communities (i.e African American, Vietnamese and Ethiopian communities).

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**PERSONAL INFORMATION (OPTIONAL)**

The King County Council and the King County Executive are committed to inclusiveness and outreach to all King County residents to ensure that King County boards and commissions are reflective of the community we serve. Providing information in the section below is voluntary but will assist in achieving this goal.

**Race/Ethnicity**

Race/Ethnicity:	Black, Somali-American
Gender:	Female
Sexual Orientation:	

Do you have a disability as defined by the Americans with Disabilities Act? (Please type an “X” in the boxes that apply to you)

Yes  No

**Generation Range:**

30 or younger  31-41  42-52  53-63  64-74  75 or older

**Person to Notify in Case of Emergency (OPTIONAL)**

Name	Mohamed Ali
Home Phone	
Work Phone	
Cell Phone	(206)288-9637

**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 <i>(typed or signature)</i>	Fartun Mohamed
Date	05/14/19

**Please return completed form to:**

*(You can either mail your completed form to us; scan your completed form then email it to us as a PDF attachment; or after filling out the form and typing your name on the signature line, save the completed form to your hard drive and then attach the completed form to an email.)*

Ziying Hu, MIDD Program Clerical Support  
King County Department of Community and Human Services  
401 Fifth Ave, Suite 400  
Seattle, WA 98104  
Direct Line: 206-263-0896  
Email: Ziying.Hu@kingcounty.gov

**This material is available in alternate formats for persons with disabilities.  
Please contact 206-263-9651, TTY Relay: 711, or  
e-mail Rick.Ybarra@kingcounty.gov**