

**RESOLUTION 2017-M**

**A RESOLUTION OF THE EATONVILLE TOWN COUNCIL TO CONFIRM THE  
MAYOR'S APPOINTMENT OF PLANNING COMMISSION MEMBER  
SHELLEY KNICK**

**WHEREAS**, it is the duty of the Mayor to make Planning Commission appointments, and to have the term fixed as per Eatonville Municipal Code 2.32.020; and

**WHEREAS**, Eatonville Municipal Code 2.32.010 provides for five Planning Commission members; and

**WHEREAS**, Andy Powell was appointed to serve Planning Commission, position #2 from January 12, 2016 to December 31, 2020; and

**WHEREAS**, Andy Powell has resigned from Planning Commission position #2; and

**WHEREAS**, Shelley Knick has completed an Application for Appointment to fill the remaining term of position #2 on the Planning Commission; and

**WHEREAS**, the Town Council wishes to confirm the appointment for position #2 of the Planning Commission; now, therefore,

**THE TOWN COUNCIL OF THE TOWN OF EATONVILLE, WASHINGTON,  
HEREBY RESOLVES AS FOLLOWS:**

**THAT:** The Town Council of the Town of Eatonville hereby confirms the appointment of Shelley Knick to position #2, of the Planning Commission beginning May 8, 2017 and expiring on December 31, 2020; and,

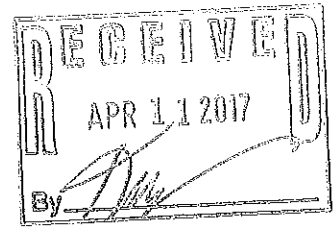
**PASSED** by the Town Council of the Town of Eatonville and attested by the Town Clerk in authentication of such passage this 8th day of May, 2017.

\_\_\_\_\_  
Michael Schuab, Mayor

ATTEST:

\_\_\_\_\_  
Kathy Linnemeyer, Town Clerk

TOWN OF EATONVILLE  
201 Center St W • P.O. Box 309  
Eatonville, WA 98328  
Phone: (360) 832-3361 • Fax: (360) 832-3977



APPLICATION FOR APPOINTMENT

I wish to be considered for appointment to the following committee or commission:

- [ ] Town Council Member                       Planning Commission Member  
[ ] Civil Service Commissioner              [ ] Airport Commission  
[ ] Lodging Tax Advisory  
Committee

Name: Shelley Knick  
(Please Print)

Address: [REDACTED] Mailing Address: PO BOX [REDACTED]

Phone (home): \_\_\_\_\_ Cell # [REDACTED]

Email address: Sjknick@mc.com

City: Eatonville State: WA Zip: 98328

Present Employer: Multicare Health System

Address: Tacoma, WA Phone (work): \_\_\_\_\_

Hobbies/Interests: family, friends, athletic interests

Have you previously served or are you currently on one of the Boards or Commissions listed above? Yes \_\_\_\_\_ No  If yes, please specify: \_\_\_\_\_

Date available for appointment: April - May 2017

Are you a registered voter? Yes  No \_\_\_\_\_

Political Party (Civil Service Only) Republican

Are you available to attend evening meetings? Yes  No \_\_\_\_\_

Are you available to attend daytime meetings? Yes \_\_\_\_\_ No

Approximately how many hours each month can you devote to Town business? 4 for meetings

Recommended by: David Hamilton

Education: BSN - University of Minnesota  
CLNC - Legal Nurse Consultant Certification  
Small Business Self Study Education  
Currently studying for Risk Management Certification test.

Professional and/or community activities:  
Hospital based nursing experience - staff, administration, and quality management.  
CASA - Court appointed special advocate - past representative for Pierce Co.

Please share some of your experiences or qualifications that relate to the work of this committee or commission:  
Professional experience ~~also~~ with committee work, self study in small town projects, life long small town resident experience, and leadership training.

Please explain why you would like to be part of this committee or commission:  
Would like to contribute to the progress of this special community.

If necessary, are you available for an interview prior to appointment? Yes  No

Attach additional pages if needed.

PLEASE RETURN THIS FORM TO: TOWN OF EATONVILLE  
201 Center Street West  
P.O. Box 309  
Eatonville, WA 98328  
(360) 832-3361  
(360) 832-3977 (Fax)

Signature: *Sybil*

Date: 4/22/17

Application for Skillet/knife