



## board application

Please fill out this form to help the agency assess how your strengths, experiences and networks might contribute to NWYS' internal resources and community linkages. Please be advised that if your application for board membership is approved, some demographic information about you may be released to funding agencies or other public bodies as required.

Name: (Last, First Middle)	McFrazier, Clare Elizabeth
Address:	228 Milton St, Bellingham, WA 98229
Telephone Number(s):	206.898.9006 (mobile)
Email:	clare.mcfrazier@gmail.com
Birthdate:	02/02/1978
Employer Name:	Sologic LLC
Employer Address	405 Wackerly St, Midland MI, 48640
Employer Phone Number	989.835.3402
Email	clare.mcfrazier@sologic.com
Occupation	Root Cause Analysis - Customer Success Manager
How long with this employer?	1.5 years

**Do you have any experience working with youth or addressing youth issues?** Yes No If yes, please describe:

My degree is in Psychology from UW, during that course of study I volunteered for a youth services group in Seattle, I cannot remember the name of it, where I helped with resource coordination and provided transportation for clients. The focus of my degree was largely, children and multi-cultural competency in care.

**If you have any background or experience in any of the following areas, please check and provide some insight into that experience in the space below. Next, circle the content area(s) that would be of interest for your portfolio with NWYS.**

- Legal
  Donor Cultivation
  PR/Community Awareness/Marketing
  Event Planning
  Other: Project Management & Process Improvement

**In the space below and/or on back, please expand upon your experience in these categories:**

I have a few certifications: Paralegal + Project Management + Lean/SixSigma Management. My professional experience has been: operations, project management, process improvement, data analysis and program

strategy for hospitality, healthcare and technology. I have experience developing and planning fundraising events for a youth soccer foundation and holiday events for the Jewish Community of Maui.

**Have you served on a board of directors before?**  Yes  No

If yes, please list organization(s) and years of service:

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**What motivates you to want to be a part of Northwest Youth Services' mission?**

I want to be a part of understanding and building my community. Until recently, much of my time and energy was spent volunteering and helping at schools/sports groups/activities centered around my children. However, my daughter is graduating this year and my son is in middle school, so my level of time commitment has decreased. I'd like to take that opportunity to commit that little bit of extra time and energy to a community organization. My husband Erik is actually the one who referred me and I'm so glad he did, you are a long-standing, fantastic resource, doing meaningful and important work. I'm looking forward to contributing.

**Have you previously volunteered in some capacity for NWYS?**  Yes  No

If yes, please describe:

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**Given your personal and professional obligations, how much time per month do you estimate it will be feasible to schedule and dedicate to NWYS board service?**

I would estimate I can feasibly offer about 5-8 hours a month, plus occasional event time.

*Since NWYS serves a uniquely vulnerable population, it is essential that all staff, volunteers, board members and other people on the Agency's premises be persons of demonstrably good character. For this reason, NWYS will conduct a Washington State Patrol WATCH (Washington Access to Criminal History) Background Check on all board member applicants. NWYS may, at its discretion, choose not to accept a board applicant who has been convicted of a violent crime or crimes involving or related to abuse or exploitation if, after conducting an individualized assessment involving the applicant's criminal record, employment history, conduct in the years since the conviction and other relevant circumstances, NWYS determines that board membership of the applicant would pose an unacceptable safety risk to NWYS' clientele and/or staff.*

**As a board applicant are you willing to consent to a WATCH background check?**  Yes  No

**Please list 2 people who would provide important insight into your capacity to serve our board effectively.**

References	
Name: Business: Phone: Email: Address: Years known:	Jen Boyer (Cotoner) Customer Care Division Manager 360.927.8029 Cotjen08@gmail.com Seattle, WA 6 years
Name: Business: Phone: Email: Address: Years known:	Rachel Lucy Director of community health - PeaceHealth 360.739.6373 <a href="mailto:rcecka@peacehealth.org">rcecka@peacehealth.org</a> Bellingham, WA 5 years

Please attach your resume or other pertinent information to this form.