



**CITY & BOROUGH OF SITKA
BOARD/COMMITTEE/COMMISSION APPLICATION**

Municipal Clerk's Office, 100 Lincoln Street, Floor 3
Phone: 907.747.1826 Fax: 907.747.7403 Email: clerk@cityofsitka.org

Submit this completed application AND either a letter of interest or resume to the Municipal Clerk's Office by noon on the Wednesday prior to an advertised Assembly meeting.

Board/Commission/Committee Applying For: Health Needs and Human Services Commission

Name: Crystal Duncan **Phone Number:** [REDACTED]

Mailing Address: [REDACTED]

Email Address: [REDACTED]

Length of Residence in Sitka: 1981 - Current **Registered to vote in Sitka?** Yes No

Employer Business Name and your position: Alaska Native Tribal Health Consortium (ANTHC)

Organizations you belong to or participate in:

Sitka Tribe of Alaska Education Committee, ANTHC Workforce Development Committee

Explain your main reason for applying:

Joined last year and chaired the Commission to completion of 2/3 goals. Would love to continue to contribute to the overall health of our community.

What experience or credentials will you bring to the board, commission, or committee membership?

Leadership, passion, health system knowlege, etc.

Appointments are typically made during Assembly meeting open sessions. However, Assembly members may vote to discuss applicant(s) in closed executive session. In this case, do you wish to be present when your application is discussed? Yes No

Potential conflicts of interest that may arise from your appointment must be disclosed. These may include, but are not limited to, a substantial financial interest of \$1000 annually that could be influenced by your appointment, or an immediate family member employed within the scope of this appointment. **Do you have any potential conflicts of interest to disclose?** Yes No

If yes, please explain:

I understand this is a volunteer position appointed by the City and Borough of Sitka Assembly and requires regular meeting attendance. I further understand this application is public information and the merits of my appointment may be discussed at a public forum. In addition, my name may be published in media outlets. If I am appointed to serve, I will follow all laws, procedures, and practices associated with my appointment.

I certify that the information in my application is true and accurate.

Date: 2/19/25

Applicant Signature: Digitally signed by Crystal Duncan
Date: 2025.02.19 13:52:08 -09'00'



Health Needs and Human Services Commission

NAME	CONTACT NUMBERS	TERM STARTS	EXPIRES	CATEGORY
MICHELLE KAVOURAS 121 Orion Lane	815-388-7051 mishkammk@gmail.com	7/10/24	7/10/27	Chair
ANNETTE EVANS PO Box 902	406-579-1936 wannitta12@yahoo.com	1/24/23 2/13/24	12/8/23 2/13/27	Vice Chair
AMANDA ROBERTS 1212 Seward Avenue	907-966-8745 amandar@searhc.org	8/9/23 11/27/24	11/9/24 11/27/27	
CRYSTAL DUNCAN 721 Lake Street	907-738-6986 clduncan@alaska.edu	12/13/23	2/9/25	
WOODY WIDMARK 444 Katlian Street	907-752-0152 woodywidmark@gmail.com	9/13/23	9/13/26	
STERLING CAMDEN 132 Indian River Road, Apt B	650-847-8009 chip.camden@gmail.com	1/15/2025	1/15/28	
<i>PAUL BAHNA 3001 Barker Street</i>	<i>907-623-7758 bnbahna@alaska.edu</i>	<i>12/13/23</i>	<i>11/8/25</i>	<i>Resigned: 1/15/2025</i>
Jess Earnshaw Deputy Municipal Clerk	907-747-1826 jessica.earnshaw@cityofsitka.org			Secretary
JJ Carlson 100 Lincoln Street	907-738-4190 assemblycarlson@cityofsitka.org			Assembly Liaison
Kevin Mosher 100 Lincoln Street	907-752-0467 assemblymosher@cityofsitka.org			Alternate Assembly Liaison

Established by Ordinance 2013-23

7 members, 3-year terms. A vacancy on the commission shall be filled by appointment by the Assembly for any remainder of an unexpired term.

Meeting schedule: 3rd Wednesday of the month; Noon at Harrigan Centennial Hall, 330 Harbor Drive – Meetings are to be held no less than four times per year.

Revised: January 16, 2025