



**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](mailto: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

Name: Annette Evans

Phone Number: [REDACTED]

Mailing Address: [REDACTED]

Email Address: [REDACTED]

Length of Residence in Sitka: 3 years 6 months resident (Born and raised here)

Registered to vote in Sitka? ☒ Yes ☐ No

Employer Business Name and your position: Sitka School District, Ventures Coordinator

Organizations you belong to or participate in:

Early Childhood Coalition Member, Sitka Community Land Trust Board member

**Explain your main reason for applying:**

I would like to support a healthy living environment for families to raise children here in Sitka; to support our community in a way that makes living in Sitka affordable and healthy. I have a strong personal and professional interest in supporting childcare & early childhood development programs.

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

15 years as a small business owner; 20+ years working in Early Childhood Education; coaching youth sports experience; some minimal board membership and leadership from my past; a strong passion for supporting the community of Sitka to thrive as a healthy place to reside and grow.

**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**

*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: 1/17/2024

Applicant Signature: [Signature]



## Health Needs and Human Services Commission

NAME	CONTACT NUMBERS	TERM STARTS	EXPIRES	CATEGORY
RACHEL WORTHEY 705 Sawmill Creek Road	731-610-5199 rachelworthey@gmail.com	6/14/23	8/24/24	<b>Chair</b>
AMANDA ROBERTS 1212 Seward Avenue	907-966-8745 amandar@searhc.org	8/9/23	11/9/24	<b>Vice Chair</b>
ANNETTE EVANS PO Box 902	406-579-1936 wannitta12@yahoo.com	1/24/23	12/8/23	
ELISE DAVIDSON KITKA 113 Metlakatla Street	907-738-7057 ekitka@scpsak.org	2/28/23	4/13/24	
WOODY WIDMARK 444 Katlian Street	907-752-0152 woodywidmark@gmail.com	9/13/23	9/13/26	
CRYSTAL DUNCAN 721 Lake Street	907-738-6986 clduncan@alaska.edu	12/13/23	2/9/25	
PAUL BAHNA 3001 Barker Street	907-623-7758 bnbahna@alaska.edu	12/13/23	11/8/25	
Jess Earnshaw Deputy 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: 3<sup>rd</sup> 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: December 13, 2023