

## **POSSIBLE MOTION**

**I MOVE TO** appoint Amanda Roberts to an unexpired term on the Health Needs and Human Services Commission.



**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:** CBS Health Needs and Human Services Commission

**Name:** Amanda Roberts

**Phone Number:** [REDACTED]

**Mailing Address:** [REDACTED]

**Email Address:** [REDACTED]

**Length of Residence in Sitka:** Born and Raised

**Registered to vote in Sitka?**  XYes  No

**Employer Business Name and your position:** SouthEast Alaska Regional Health Consortium (SEARHC), Health Educator II for the Community Wellness Dept.

**Organizations you belong to or participate in:** Sitka Moose Lodge #1350 Vice President; Sitka Homeless Coalition Board Member; Alaska Health Fair Board Member for SE (recently stepped down); and also a member of the Sitka Health Summit Coalition, HOPE Coalition, Partnership for a Tobacco-Free Southeast Coalition, and Sitka Tribe of Alaska Health and Human Services Committee.

**Explain your main reason for applying:** I am very dedicated to my job and have a deep passion for creating healthy, sustainable positive change for my hometown to be experienced for generations to come, and have been very lucky to be involved in many projects to already have made an impact in so many exciting ways. I strongly believe that I have a lot that I could bring to the table for the CBS HNHS Commission as a member.

**What experience or credentials will you bring to the board, commission, or committee membership?** My area of expertise specifically is tobacco, working for over 13 years under the State of Alaska Tobacco Prevention and Control Grant. I have worked for SEARHC for 20 years, formerly for the Raven's Way Substance Abuse Youth Treatment Program as a Counselor Technician. I have helped many organizations adopt smoke-free and tobacco-free policies, tobacco taxes, helped to pass and implement Tobacco 21 in Sitka (1<sup>st</sup> community in the state!), and have provided education in the school districts and community wide through presentations and media campaigns. I have facilitated and co-facilitated/organized many community health-related meetings for over a decade. I have organized and facilitated community cleanups for our downtown streets and parks through SEARHC, as well as hosting Adopt a Highway cleanups for the Sitka Moose Lodge. I would be happy to include my resume for further details of my background and experience.


**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?  **XYes**  **No** I would be happy to make myself available if desired.

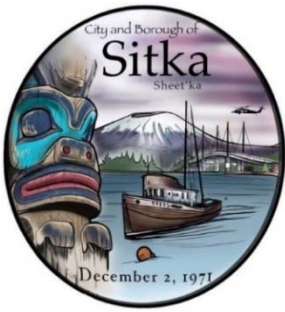
**Potential conflicts of interest that may arise from your appointment must be disclosed.** These may include, but are not limited to, a substantial financial interest of \$1000 annually that could be influenced by your appointment, or an immediate family member employed within the scope of this appointment.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

**If yes, please explain:** N/A

*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:** 7/19/23 **Applicant Signature:** 



## Health Needs and Human Services Commission

NAME	CONTACT NUMBERS	TERM STARTS	EXPIRES	CATEGORY
TRISTAN GUEVIN 200 Seward Street	907-738-5415 tristan.guevin@gmail.com	3/23/21 2/9/22	1/8/22 2/9/25	Resigned 7/24/2023
LAKOTA HARDEN 113 Metlakatla Street	510-827-7689 lakotaharden@yahoo.com	3/23/21 11/8/22	11/26/22 11/8/25	
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	
RACHEL WORTHEY 705 Sawmill Creek Road	731-610-5199 rachelworthey@gmail.com	6/14/23	8/24/24	
ALBERT (ALEC) DUNCAN 2716 Halibut Point Road Space #21	907-738-0975 albert.duncan@sitkatriben-sn.gov	4/13/22	11/9/24	Resigned 8/31/22
DOUG OSBORNE 222 Tongass Drive	907-966-8674 douglaso@searhc.org	1/27/15 10/24/17 11/10/20	10/14/17 10/24/20 11/10/23	Resigned 1/31/23
Jess Earnshaw Deputy Clerk	907-747-1826 jessica.earnshaw@cityofsitka.org			Secretary
Crystal Duncan PO Box 174	907-738-1910 assemblyduncan@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: July 24, 2023