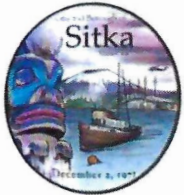


POSSIBLE MOTION

I MOVE TO appoint Michelle Kavouras to a three-year 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

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 & Human Services Commission

Name: Michelle Kavounas Phone Number: [REDACTED]

Mailing Address: [REDACTED]

Email Address: [REDACTED]

Length of Residence in Sitka: 10 months Registered to vote in Sitka? Yes No

Employer Business Name and your position: Sitka Counseling & Prevention Program Mgr

Organizations you belong to or participate in:
H.O.P.E. Coalition, Sitka Homeless Coalition, DART, SAFV, NAADAC, Mobile Recovery, Opioid Response Network, Empower Project, NASW, Peer COE, SAMHSA, ROSC's

Explain your main reason for applying:
I want to learn as much as I can about what we are seeing as needs for residents in Sitka in order to be a part of the solution

What experience or credentials will you bring to the board, commission, or committee membership?
Certified Alcohol & Drug Counselor, National Certified Recovery Specialist, Recovery Coach Professional Facilitator, Harm Reductionist, Counselor, Program Manager

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: 6/27/24 Applicant Signature: Michelle Kavounas

From: [Michelle Kavouras](#)
To: [Clerk](#)
Cc: [REDACTED]
Subject: Application for Health Needs and Human Services Commission
Date: Saturday, June 29, 2024 8:00:43 AM
Attachments: [Health Needs and Human Services Commission application.pdf](#)

You don't often get email from [REDACTED]. [Learn why this is important](#)

Hi,

I am interested in serving on the Health Needs and Human Services Commission board. Relocating to Sitka in September last year to assume the position of Program Manager of Residential at Sitka Counseling and Prevention, I have recently transitioned to the role of Program Manager of Prevention. With 8 years of experience providing healthcare services to individuals in Illinois, my dedication to aiding others is deeply rooted in my personal experiences. I am grateful for the consideration of my application and welcome any queries you may have.

Michelle Kavouras, CADC, NCRS, CPRS

[REDACTED]

[Schedule time with me](#)



Health Needs and Human Services Commission

NAME	CONTACT NUMBERS	TERM STARTS	EXPIRES	CATEGORY
CRYSTAL DUNCAN 721 Lake Street	907-738-6986 clduncan@alaska.edu	12/13/23	2/9/25	Chair
ANNETTE EVANS PO Box 902	406-579-1936 wannitta12@yahoo.com	1/24/23 2/13/24	12/8/23 2/13/24	Vice Chair
WOODY WIDMARK 444 Katlian Street	907-752-0152 woodywidmark@gmail.com	9/13/23	9/13/26	
AMANDA ROBERTS 1212 Seward Avenue	907-966-8745 amandar@searhc.org	8/9/23	11/9/24	
PAUL BAHNA 3001 Barker Street	907-623-7758 bnbahna@alaska.edu	12/13/23	11/8/25	
<i>RACHEL WORTHEY 705 Sawmill Creek Road</i>	<i>731-610-5199 rachelworthey@gmail.com</i>	<i>6/14/23</i>	<i>8/24/24</i>	<i>Resigned 5/7/2024</i>
<i>ELISE DAVIDSON KITKA 113 Metlakatla Street</i>	<i>907-738-7057 lisamarie.davidson@gmail.com</i>	<i>2/28/23</i>	<i>4/13/24</i>	
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: 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: June 25, 2024