



**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: Sterling W. (Chip) Camden **Phone Number:** [REDACTED]

Mailing Address: [REDACTED]

Email Address: [REDACTED]

Length of Residence in Sitka: 3 years **Registered to vote in Sitka?** Yes No

Employer Business Name and your position: Cars Commerce, Inc / Principal Software Engineer

Organizations you belong to or participate in:

Sitka Homeless Coalition (Co-Chair), HOPE Coalition, Indigenous People's Day Committee, St. Peter's Endowment Fund Board, St. Peter's Vestry, St. Michael's Choir

Explain your main reason for applying:

In my work with non-profits, I am keenly aware of the health needs and other needs of the citizens of Sitka. I have also worked with some of the current commission members in other capacities, and would be happy to work with them again.

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

Besides working with the Sitka Homeless Coalition, I have experience working with the disadvantaged in other cities in which I have lived.

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: 12/23/2024 **Applicant Signature:** [Signature]