



Application for Appointment to Boards, Committees, and Commissions
City and Borough of Sitka

Board/Commission/Committee: Health Needs
Name: Doug Osborne Daytime Phone: 747-0373
Address: _____ Evening Phone: 747-3752
Email Address: dosborne@sitkahospital.org Fax Number: _____
Length of Residence in Sitka: 11 1/2 years Registered to vote in Sitka? Yes No
Employer: Sitka Community Hospital
Organizations you belong to or participate in:

Sitka Health Summit

Explain your main reason for applying: To represent the Sitka Health Summit and to help Sitka be a health place to live.

What background, experience or credentials will you bring to the board, commission, or committee membership? I've worked in SEARHC's Health Promotion Department for 10 years.

Please attach a letter of interest, outline, or resume which includes your education, work, and volunteer experience that will enhance your membership.

→ (To be considered, your application must be complete AND be accompanied by one of the above supporting documents.)

Date: 13 Jan 15 Signature: [Handwritten Signature]

Your complete application and resume should be returned to the Municipal Clerk's Office by noon on the Wednesday prior to an advertised Assembly meeting. Applications received after the deadline will be considered but will not be included in the Assembly packets for review prior to appointment.

Appointments are normally made during open session of an Assembly meeting, 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

Return to:
Sara Peterson, Deputy Clerk
100 Lincoln Street
Fax: 907-747-7403
Email: sara@cityofsitka.com



Dear assembly members

I will be working as the director of Health Promotion at the Sitka Community Hospital. Patrick Williams has resigned and I'd like to take his spot. I have a personal passion for health, wellness and Sitka.

Thank you,

Doug