# OLD APPLICATION FORM - PLEASE DON'T USE!

## Profile

***NOTE: PLEASE BE AWARE THAT ALL INFORMATION YOU PROVIDE ON THIS FORM AND ATTACHMENTS ARE OPEN TO PUBLIC REVIEW AND DISCLOSURE PURSUANT TO THE ALASKA PUBLIC RECORDS ACT.***

[When completing the application, please put your "**MAILING**" address in the first address block labeled **"HOME."** The optional secondary address field is for your "**RESIDENCE**" address.]

First Name

Last Name

Email Address

Home Address

Suite or Apt

City

State

Postal Code

Primary Phone

Alternate Phone

Employer

Job Title

### Residence Address if different from your Mailing "Home" Address listed above

### Residence Address Line 2

### Residence City

### Residence State

### Residence Postal Code

### Comments

### Secondary Email Address (if any)

**Which Boards would you like to apply for?**

Hospital Board: Not Submitted

**Are you applying for reappointment to this board?**

○ Yes ○ No

**If you are applying for more than one board, how many total boards are you willing to serve on?**

None Selected

**Special Needs - please list any special needs below such as need for sign language interpreter, etc...**

Question applies to multiple boards

**How many hours per month are you able to serve?**

## Interests & Experiences

Please tell us about yourself and why you want to serve. [*Contact the Clerk's Office at 586-5278 or city.clerk@juneau.org if you wish to submit a resume or CV*]

**Please explain, with specificity, your reasons for applying to serve on this particular board.**

**Please select the type of board seat for which you are applying** *

None Selected

**Please list any organizations for which you currently serve as a board member, officer, or employee.**

**Employment/Volunteer History: Please list any previous work or volunteer experience you have serving on a board.**

**Education/Training: Please list both formal and informal education & training experiences:**

**Licenses/Certifications etc... Please list any professional licenses, certifications, or registrations that may be considered a qualifying criteria for the board to which you are applying.**

## Demographics

The following information is requested so appointments to boards and commissions reflect the diversity of individuals within the community. If you are applying for a board with age criteria such as the Juneau Commission on Aging or the Youth Activities Board, please include your D.O.B. in the field below.

### Ethnicity

None Selected

### Gender

None Selected

Date of Birth

## Acknowledgement/Certification

**In order to submit this application, please read and agree to the following statement:**

**I understand that this is a volunteer position appointed by the City and Borough of Juneau Assembly and requires regular attendance at meetings. I further understand that 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 a newspaper or other media. I agree that if I am appointed to serve on a board or commission, I will follow all the laws, procedures, and practices associated with the service of a CBJ boardmember. I certify that the information in this application is true and accurate.**

☐ I Agree