Application Form

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.]

Jennifer
First Name

L
Middle Initial

Garrison
Last Name

[redacted]
Email Address

[redacted]
Home Address

[redacted]
Suite or Apt

[redacted]
City

[redacted]
State

[redacted]
Postal Code

[redacted]
Primary Phone

[redacted]
Alternate Phone

Catholic Community Service
Employer

Caregiver Support Regional Coordinator
Job Title

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

[redacted]

Residence Address Line 2

Residence City

Residence State

Residence Postal Code

Comments

Secondary Email Address (if any)

[redacted]

Which Boards would you like to apply for?

Juneau Commission on Aging: 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...

None

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.

As the Caregiver Support Regional Coordinator and Bridge Adult Day Program Manager for Southeast Senior Services/Catholic Community Service, I have seen the challenges our elderly population face and would love the opportunity to help make positive changes that will benefit our seniors. Prior to working at CCS, I was a Certified Nurse Aide at Juneau Pioneers' Home, Wildflower Court and Bartlett Regional Hospital Critical Care Unit. During my 6 year employment with BRH, I saw many elderly patients get admitted to the hospital and remain there even after their health improved, simply because they couldn't live independently anymore and didn't have anyone to care for them at home. The realization that our community lacked the resources to properly care for our elders troubled me greatly, and prompted me to open my own homecare business which I independently owned and operated for almost two years. Unfortunately, I was unable to navigate the winding road that would allow my business to accept Medicaid so all of my clients were self-pay and I was not earning enough consistent income to make ends meet. I reluctantly closed my homecare business in December 2018 and began working for CCS the following month. Although it was difficult to let my business go, my employment with CCS has been very rewarding and I have learned a lot about the issues our seniors face. It is my hope that I can contribute to this very important cause and make life better for our elders.

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

☑ General Public Seat

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

Employed by Catholic Community Service

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

None

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

Southeast Regional Resource Center - Alaska High School Diploma by Examination (2002) Alaska Vocational Institute - Combined Office/Computer Skills Training (2004) University of Alaska Southeast - Certified Nurse Aide Course (2009) Bartlett Regional Hospital - Certified Nurse Aide II Course (2011)

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.

Certified by Microsoft in Word 2000 (2004) Formerly licensed as a Certified Nurse Aide (2009-2018) SOA Certified Medicare Counselor (2019)

Demographics

The following ***optional*** 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

☑ Caucasian/Non-Hispanic

Gender

☑ Female

[redacted]

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

Jennifer L Garrison