

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.]

Sabrina _____ (Boone) Grubitz _____
 First Name Middle Initial Last Name

sboone@ccthita-nsn.gov _____
 Email Address

6270 N Douglas Hwy Apt. B _____ Suite or Apt _____
 Home Address

Juneau _____ AK _____ 99801 _____
 City State Postal Code

Home: (623) 687-5857 _____
 Primary Phone Alternate Phone

Central Council Tlingit & Haida _____ Emergency Operations _____
 Indian Tribes of Alaska Coordinator
 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

I am applying for 12a seat on the Local Emergency Planning Committee

Secondary Email Address (if any) _____

Which Boards would you like to apply for? _____

Local Emergency Planning Committee: Appointed

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...

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.

To serve Southeast Alaska emergency needs

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

Criteria specific seat as listed in the board's governing legislation

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

Eaglecrest Foundation Board

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

Currently serving on the Eaglecrest Foundation Board

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

Degree in Public Health Psyc focus Biocultural Anthropology

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 *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

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