

# 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.]

E a n e \_\_\_\_\_ M \_\_\_\_\_ H c k e y \_\_\_\_\_  
First Name Middle Initial Last Name

\_\_\_\_\_  
mail Address

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Suite or Apt

Juneau \_\_\_\_\_ AK \_\_\_\_\_ 99811 \_\_\_\_\_  
City State Postal Code

Business: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Primary Phone Alternative Phone

State of AK DHSS/Public Health \_\_\_\_\_ Public Health Nurse II \_\_\_\_\_  
Employer Job Title

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

\_\_\_\_\_

**Residence Address Line 2**

\_\_\_\_\_

**Residence City**

\_\_\_\_\_

Juneau

**Residence State**

\_\_\_\_\_

AK

**Residence Postal Code**

\_\_\_\_\_

99801

**Comments**

\_\_\_\_\_

**Secondary Email Address (if any)**

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

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Local Emergency Planning Committee: Appointed

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

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Yes  No

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

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None Selected

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

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**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](mailto: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.**

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Public Health nurses provide emergency preparedness services to communities. My job duties include providing residents education and awareness regarding emergency preparedness, assisting in the operation of Points of Dispensing (POD) sites when Medical Countermeasure Dispensing is needed, participating in practice PODs, and serve as a resource in helping communities create emergency plans or SCERPS. Recently I served as acting Emergency Preparedness nurse for the Southeast Region of AK. When this role, I was able to assist with planning/participation in the PODs that took place in Ketchikan, Valdez and Craig and participated in weekly meetings with the Assistant Chief of Public Health Nursing, the preparedness nurses from other regions of the state, representatives from Section of Rural and Community Health and DHS&EM. I feel participation on this board increases unity and cooperation among participating agencies that provide emergency response efforts. A successful response cannot happen without cooperation and joint planning from all involved. This board allows for all key players to have input into the preparedness of the community. Representation from Public Health would provide further resources and insight into the response efforts.

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

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General Public Seat

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

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Department of Health and Social Services/Department of Public Health

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

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Health Advisory Board for Head Start Program Partnerships for Children Scranton Sister City Committee

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

Have Boreas FEMA ICS-100, IS-00909, IS-00546, IS-806 Preparedness & Community Response to Pandemics- University of Albany School of Public Health Emergency Distribution of Pharmaceuticals- Northwest Center for Public Health Working in a POD- University of Albany School of Public Health Responding to Disasters: Mental Health Crisis Management- Northwest Center for Public Health Emergency Risk Communication- Northwest Center for Public Health Fundamentals of Emergency Preparedness- Columbia University National Center for Preparedness

**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.**

State of AK & PA Board of Nursing Registered Nurse License

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**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

Date of Birth

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**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