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.

Subm t Date: Mar 13, 2023

[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.]

| Jame | L | burse | | |
|--------------------------|-----------------|------------|-------------|-------------------|
| irs Name | Middle ni ial | Las Name | | |
| | | | | |
| mail Address | | | | |
| | | | | |
| Home Address | | | Sui e or Ap | |
| Home Address | | | | |
| Juneau Ci y | | | AK | 99801 Pos al Code |
| OI y | | | 3 d e | Fos al Code |
| Mob e: (| | | | |
| Primary Phone | Al erna e Phone | | | |
| Southeast A aska Surgery | | | | |
| Center | Comp and | ce Off cer | | |
| mployer | Job i le | | | |
| Residence Address Line 2 | | | | |
| Residence City | | | | |
| Juneau | | | | |
| Residence State | | | | |
| A aska | | | | |
| Residence Postal Code | | | | |
| 99801 | | | | |
| Comments | | | | |

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Which Boards would you like to apply for?

Loca Emergency P ann ng Comm ttee: Appo nted

Are you applying for reappointment to this board?

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

⊽ 1

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.

13A Hea thcare System s the seat I am app y ng for. As an emp oyee of Southeast A aska Surgery Center (SASC), I prov de educat on and tra n ng to prov ders and emp oyees, nc ud ng emergency preparedness ut z ng both the SASC Comprehens ve Emergency P an and the CBJ Comprehens ve Emergency P an. As a member of the Loca Emergency P ann ng Comm ttee, t w be my goa to cooperate and co aborate w th oca, tr ba, reg ona, State, and Federa emergency off c a s' efforts to ma nta n an integrated response during a disaster or emergency situation. I am a so interested in participating n community-based full-scale emergency exercises.

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

☑ Cr ter a spec f c seat as sted n the board's govern ng eg s at on.

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

I am current y emp oyed by Southeast A aska Surgery Center in Juneau. I am the Comp ance Officer and I also serve other positions as needed including Medica. Assistant and Fluoroscopy Tech.

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

In 2016 I was appointed to the Juneau Assembly and served as a lason/member for the Loca Emergency Planning Committee, Human Resources Committee, Finance Committee, and Committee of the Whole. I also served on the city Fluoride Study Commission from 2004 to 2006.

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

I ho d both a Bache or of Sc ence degree n Psycho ogy and a Master of Arts degree n Psycho ogy. I have 18 years of exper ence n un vers ty-eve nstruct on for Gross Human Anatomy and Phys o ogy. I a so have past exper ence as a Cert f ed Water Safety Instructor and L feguard. Current Cert f cat ons I ho d nc ude USA Tr ath on Cert f ed Coach, Ironman Cert f ed Coach, S owtw tch Cert f ed Tr ath on Sw m Coach, ACE Cert f ed Persona Tra ner, and ACE Cert f ed Med ca Exerc se Spec a st.

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.

I ho d a current Hea thcare Prov der BLS (bas c fe support) cert f cat on which includes CPR/AED training for adults, children, and infants.

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 | | |
|-----------------|--|--|
| | | |
| Gender | | |
| ▽ Fema e | | |
| Da e o Bir h | | |

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

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