

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.]

Loren Jones

First Name Middle Initial Last Name

Email Address

Home Address

City

Suite or Apt

State

Postal Code

Primary Phone

Alternate Phone

Retired

Employer Job Title

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

Residence Address Line 2

Residence City

Juneau

Residence State

Alaska

Residence Postal Code

99801

Comments

Secondary Email Address (if any)

Which Boards would you like to apply for?

Hospital Board: 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?

☒ 2

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?

25

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.

While on Assembly I served as Liaison several years and attend many meetings out of interest. I feel I could serve on the PC well as I am familiar with Title 49, PC rules and procedures, and I know many of the Commissioners. Served on BRH Board 1990-94 and 2004-2010

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.

Family Promise Board United Way Board Red Cross Alaska leadership team

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

See above for current Catholic Community Services Hospice and Home Care before integration into CCS
State Boards: Marijuana Control Board

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

BA and MA in Sociology

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

☒ Caucasian/Non-Hispanic

Gender

☒ Male



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