

# 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.]

Richelle (shelly) \_\_\_\_\_ A \_\_\_\_\_ Deering \_\_\_\_\_  
First Name Middle Initial Last Name

\_\_\_\_\_  
Email Address

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

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

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Postal Code

\_\_\_\_\_  
Primary Phone

\_\_\_\_\_  
Alternate Phone

Retired as of August 2022 \_\_\_\_\_  
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

**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?**

None Selected

**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?**

10-20 More if needed

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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.**

As a retired healthcare provider, I know the importance of the care Bartlett has provided to Juneau and SE Alaska communities. It is also important for these communities to have choices in healthcare. Participating on the board allows me to bring my knowledge and experience to support BRH in providing quality, patient-centered care in a sustainable manner.

**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.**

Southeast Region EMS – Consultant to assist with annual EMS Symposium - Jan-June 2023

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

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Employment Airlift Northwest – Alaska Regional Manager and Compliance Officer – 1990-2022 Child Advocacy Center – RN – 2014-2015 Children’s Hospital and Medical Center – Critical Care RN Float – 1986-1990 Swedish Medical Center – Pediatric RN – 1985-1986 St. James Community Hospital – RN – 1983-1985 VOLUNTEER I donate time to teach NRP and PALS classes to non-profits. COVID 19 vaccination clinics – 2019-2022 Juneau Health Fair – 2016-2020 Alaska Medicaid Advisory Committee – 2012-2018 Alaska Emergency Nurses Association Board – Served as President– 2002-2010 Crystal Mountain Volunteer Ski Patrol – 1988-1990

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

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Bachelor of Science in Nursing from Montana State University 1983 AAMS Medical Transport Leadership Institute - 2000 University of Washington Studer Leadership Development Institute – 2012-2020 quarterly or biannual 8 hour classes Annual nursing or medical conference As an ALNW employee we had annual training and competency days to maintain flight nurse status To maintain RN license and CCRN 33 hours of annual education is required

**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.**

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Alaska and Washington Nursing License Critical Care Registered Nurse Certification (CCRN) Pediatric Advanced Life Support (PALS) Instructor Neonatal Resuscitation Program (NRP) Instructor

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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**

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Caucasian/Non-Hispanic

**Gender**

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Female



Date of Birth

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**Acknowledgement/Certification**

In order to submit this application, please read and agree to the following statement:

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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.

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I Agree