



Received
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City of Valdez

APPLICATION FOR APPOINTMENT TO BOARD OR COMMISSION

BOARD/COMMISSION Providence Health Advisory Council

DATE 9.26.16

NAME DAN O'CONNOR

RESIDENCE ADDRESS 451 RESURRECTION

MAILING ADDRESS P.O. Box 1392

TELEPHONE NUMBER Daytime 907.834.1662 Evening 661.809.2347

OCCUPATION ED. ADMINISTRATOR EMPLOYER PWSC

Please check the main reason(s) for applying for appointment to this board/commission:

- ☒ I have expertise that I want to contribute.
☒ I am interested in the activities the board/commission handles.
☐ I want to participate in local government.
☐ I am strongly concerned with better government.
☐ I want to make sure my segment of the community is represented.
☐ Other: _____

Please explain in greater detail those items you have checked: _____

ADMINISTRATIVE RESPONSIBILITY FOR MULTIPLE
ALLIED HEALTH PROGRAMS

It is suggested you attach an outline of your education, work and volunteer experience.

How did you learn of this vacancy? (circle one)

Media

Word of mouth

Solicitation

Other _____

Dan O'Connor
Signature

*** Please return this form to the Office of the City Clerk, P.O. Box 307, Valdez, AK 99686 ***