



## APPLICATION FOR APPOINTMENT TO BOARD OR COMMISSION

BOARD/COMMISSION PROVIDENCE VALDEZ HEALTH ADVISORY COUNCIL

DATE 9-28-2016

NAME PAM SHIRRELL

RESIDENCE ADDRESS 726 NORTH SNOWTREE

MAILING ADDRESS P O BOX 2319, VALDEZ, AK 99686

TELEPHONE NUMBER Daytime 907-835-5545

Evening 907-831-0996

OCCUPATION REGISTERED NURSE EMPLOYER RETIRED

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: Experience and knowledge of Administration and Operation of

Valdez Hospital as a 9 year past commissioner (Reapplying after timing out & taking 1 year break)

Please explain in greater detail those items you have checked: Registered Nurse (RN), Licensed Nursing Home Administrator, 28 year resident of Valdez. 12 years acute care experience as an RN prior to moving to Valdez, 6 years as Health Services Director, Harborview Developmental Center, and 18 years as the Valdez Public Health Nurse retiring in 2013. Currently: Secretary, Providence Alaska Regional Community Ministry Board; Chair, Prince William Sound Community College; Member, Valdez Local Emergency Planning Committee; Co-Chair, Prince William Sound Traveling Health & Safety Fair; Advocacy Chair, Relay for Life, American Cancer Society

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 All

Pam Shirrell

Signature

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