## **Application Form**

Submit Date: Mar 28, 2017 Status: submitted

Profile			
Darren	Reese		
First Name	Last Name		
dreese@valdezak.net			
Email Address			
Box 885			
Valdez Mailing Address (PO BOX # or HCI BOX #)	-		
3444 Robe Lane			
Home Address		Suite or Apt	
Valdez		AK	99686
City		State	Postal Code
Home: (907) 835-3066	Mobile: (308) 214-0812		
Primary Phone	Alternate Phone		
State of Alaska, DOT Employer	Highway Foreman Occupation		
Which Boards would you like to	o apply for?		
Providence Valdez Medical Center	Health Advisory Council		
How did you learn about this va	acancy? *		
Interests & Experience			
Why are you interested in serv	ing on a City of Valdez board	or commission?	
I feel that I could help them, as well	as help myself understand the ne	eeds of our local h	ospital.

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Please outline your education, work, and volunteer experience which will assist you in serving on a City of Valdez board/commission.		
I have a B.S. in Industrial Engineering. I feel this gives me a understanding on how to help with increasing the level of service that the hospital is currently giving.		
Upload a Resume or Letter of Interest		

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