

LOCAL EMERGENCY PLANNING COMMITTEE
INDIVIDUAL APPLICATION FORM FOR MEMBERSHIP ON LEPC
(Please type or print legibly)

LEPC name: Petersburg Borough LEPC

Applicant name: Julie Walker

Mailing address: PO Box 1249, Petersburg AK 99833

Residence address: 561 Mitkof Highway, Petersburg AK 99833

Day phone: 503-358-4080 Home Phone (optional): _____

Where employed: Petersburg Medical Center Job title: Community Wellness Specialist

LEPC category/seat that applicant seeks: Hospital and/or Clinic

New applicant ☒ Renewal _____ Regular member _____ Alternate member _____

Qualifications for this category: _____

I have previous experience as Emergency Preparedness Coordinator at Yamhill County Health
Department in Oregon. FEMA ICS 100, 200, 300, 400, 800 training. The Emergency
Preparedness Coordinator is part of Petersburg Medical Center's Community Wellness Specialist
position.

Organizations in which applicant participates (that are pertinent to the application): _____

(Please provide enough information to demonstrate an applicant's eligibility or suitability for a particular seat on the LEPC.
For the Public At Large position, please state whether an applicant qualifies for any other category on the LEPC.)

I hereby certify that the above information is correct and that I have not misrepresented myself.

Julie Walker
Signature
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08/10/2020
Date