



# MEMORANDUM

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**Appointment of Mike Stark to the Economic Development Advisory Commission**  
**Appointment of Mary Darbonne to the ADA Advisory Board**  
**Appointment of Allison Engebretsen as Student Representative on the ADA Advisory Board**

**Item Type:** Action Memorandum  
**Prepared For:** Homer City Council  
**Date:** July 28, 2025  
**From:** Rachel Lord, Mayor

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Mike Stark is appointed to the Economic Development Advisory Commission to fill the vacancy with a term to expire on July 1, 2028.

Mary Darbonne is appointed to the ADA Advisory Board to fill the seat held by Joyanna Geisler with term to expire on August 31, 2027.

Allison Engebretsen is appointed to fill the Student Representative seat for a term to expire upon her graduation from the local area high school or notice of resignation if earlier.

## **Recommendation**

Confirm the appointment of Mike Stark to the Economic Development Advisory Commission and appointments of Mary Darbonne and Allison Engebretsen to the ADA Advisory Board.

## **Attachments:**

Application of Mike Stark  
Application of Mary Darbonne  
Application of Allison Engebretsen



# Advisory Body Application For Reappointment to Committees, Commissions, Board & Task Forces

## Office of the City Clerk

491 East Pioneer Avenue

Homer, Alaska 99603

Phone: (907) 235-3130

Fax: (907) 235-3143

[clerk@cityofhomer-ak.gov](mailto:clerk@cityofhomer-ak.gov)

The Information provided on this form will provide the basic information to the Mayor and City Council on your interest in serving on the selected Advisory Body. It is considered public and will be included in the City Council meeting packet. This information will be published in the City Directory and within city web pages if you are reappointed by the Mayor and your reappointment is confirmed by the City Council.

### Applicant Information

Full Name: \_\_\_\_\_

Physical Address Where you Claim Residency: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Email: \_\_\_\_\_

### Advisory Body You Are Requesting Reappointment To

- ☐ Planning Commission
- ☐ Parks, Art, Recreation & Culture Advisory Commission
- ☐ Port & Harbor Advisory Commission
- ☐ Economic Development Advisory Commission
- ☐ Library Advisory Board
- ☐ ADA Advisory Board
- ☐ Other – Please Indicate \_\_\_\_\_

### Please Answer the Following

Do you have a current Public Official Conflict of Interest Disclosure Statement on file with the City Clerk as required by HCC 1.18.043? ☐ Yes ☐ No

What resident type is your current seat? ☐ City Resident ☐ Non-City Resident

Has your residency changed since your last appointment? ☐ Yes ☐ No

How long have you served on this advisory body? \_\_\_\_\_

## Background Information

Please list any current memberships or organizations that you belong to related to the advisory body you serve on:

Please explain why you wish to be reappointed to the Advisory Body to which you currently serve. This may include information on accomplishments or projects completed, future goals for the body, or any additional information that may assist the Mayor in the decision making process. You may attach an additional page if needed.

**From:** [Application for Appointment to an Advisory Body](#)  
**To:** [Department Clerk](#)  
**Subject:** \*\* Application for Appointment \*\*  
**Date:** Wednesday, July 16, 2025 5:18:42 PM

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Submitted on Wednesday, July 16, 2025 - 5:18pm

Submitted by anonymous user: 66.223.242.29

Submitted values are:

#### Applicant Information

Full Name Mary Darbonne

Physical Address Where you Claim Residency 1948  
Mission Rd. Homer, AK 99603

Mailing Address 1948 Mission Rd. Homer, AK 99603

Phone Number(s) (970)301-9053

Email maryldarbonne@gmail.com

Advisory Bodies ADA Advisory Board – Meetings  
held on the 2nd Thursday in the months of April,  
May, June, July, October, November, and as needed  
at 5:00 p.m.

#### Residency

Are you a City Resident? Yes

If yes, how long have you been a City Resident? 6 years

How long have you been a resident of the South Peninsula Area? 6 years

### Background Information

Have you ever served on a similar advisory body? I have not served on a similar advisory body.

Other memberships

Please list any current memberships or organizations you belong to related to your selection(s): None.

### Special Training & Education

Please list any special training, education, or background you may have which is related to your selection(s): Registered Nurse with three years experience in SCI/TBI rehabilitation/recreation, and three years experience as an Alaska Public Health Nurse.

Why are you interested in serving on the selected Advisory Body?

Please briefly state why you are interested in serving on the advisory body selected. This may include information on future goals or projects you wish to see accomplished or any additional information that may assist the Mayor in the

decision making process.

I am interested in serving on the ADA Advisory Board because I am passionate about Homer being accessible for all abilities. Through my work as a Therapeutic Recreation Nurse for individuals with recently sustained brain and spinal cord injuries, my eyes were opened to the ways small improvements in accessibility can make large impacts on individuals mental and physical well being. As a Homer Public Health Nurse working on our healthcare system as a whole, I became keenly aware of how closely our overall health is connected to the place that we live, play, work, and age. I hope to combine my experiences with individualized ADA accommodations as well as my experience with systems change to improve overall wellbeing for Homer--the place we live, play, work, and age.

The results of this submission may be viewed at:

<https://www.cityofhomer-ak.gov/node/9051/submission/53622>

**From:** [Application for Appointment to an Advisory Body](#)  
**To:** [Department Clerk](#)  
**Subject:** \*\* Application for Appointment \*\*  
**Date:** Thursday, July 17, 2025 6:59:09 PM

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Submitted on Thursday, July 17, 2025 - 6:59pm

Submitted by anonymous user: 63.140.89.74

Submitted values are:

#### Applicant Information

Full Name Allison Engebretsen

Physical Address Where you Claim ResidencyXXXXXXXXXX

Mailing Address PO BOX 791, Anchor Point, AK 9956

Phone Number(s) XXXXXXXXXXXXX

Email XXXXXXXXXXXXX @gmail.com

Advisory Bodies ADA Advisory Board – Meetings  
held on the 2nd Thursday in the months of April,  
May, June, July, October, November, and as needed  
at 5:00 p.m.

#### Residency

Are you a City Resident? No

How long have you been a resident of the South Peninsula Area? xxxxxxxxxxxx

## Background Information

Have you ever served on a similar advisory body? If so please list when, where, and how long: No

Other memberships

Please list any current memberships or organizations you belong to related to your selection(s):

## Special Training & Education

Please list any special training, education, or background you may have which is related to your selection(s):

Why are you interested in serving on the selected Advisory Body?

Please briefly state why you are interested in serving on the advisory body selected. This may include information on future goals or projects you wish to see accomplished or any additional information that may assist the Mayor in the decision making process.

I have interest in accessibility and mobility issues and I would like to learn more about them and how they tend to get resolved. I am interested in serving as a student and will be attending Homer High in



August.

The results of this submission may be viewed at:

<https://www.cityofhomer->

[ak.gov/node/9051/submission/53627](http://ak.gov/node/9051/submission/53627)