

# 2018 Kaulunani Advisory Council Application



## Contact Information

Name	
Company	
Street Address	
Island, City ST ZIP	
Home and or Cell Phone	
Work Phone	
E-Mail Address	

## Education

## Employer

**Current Position:**

### Check All Skills/ Sectors that Apply:

- |  |   |
|--|---|
| <input type="checkbox"/> Environmental education                         | <input type="checkbox"/> Landscape architecture                 |
| <input type="checkbox"/> Plant nursery industry                          | <input type="checkbox"/> Arborist                               |
| <input type="checkbox"/> Green technology                                | <input type="checkbox"/> Utilities                              |
| <input type="checkbox"/> Cultural practitioner                           | <input type="checkbox"/> Mapping                                |
| <input type="checkbox"/> Fundraising, grant writing and public relations | <input type="checkbox"/> Urban/Community Planning               |
| <input type="checkbox"/> Social Marketing and Outreach                   | <input type="checkbox"/> Emergency Management                   |
| <input type="checkbox"/> County government                               | <input type="checkbox"/> Heath Industries                       |
| <input type="checkbox"/> Urban forestry advocacy                         | <input type="checkbox"/> Complete Streets/ Walkable Communities |
| <input type="checkbox"/> Legal field                                     | <input type="checkbox"/> Other                                  |

**List your Urban Forestry experience or knowledge and/or any specialized skills that you would be willing to contribute as a Council Member.**

**List other affiliations and/or service as a community leader.**

**List any state advisory committee or boards on which you are currently a member and the number of years you have served on that committee.**

**Please describe your interest in the Kaulunani Urban and Community Forestry Advisory Committee.**

Committee members will not be compensated for duties performed in conjunction with the Kaulunani Advisory Committee. The State of Hawai`i, through the Kaulunani program, will provide for all off-island travel costs to attend meetings. The Kaulunani Advisory Committee meets quarterly and may require additional meetings as necessary. Committee membership shall be for a **term of three (3) years** unless member is elected Chair. For additional information about Kaulunani please refer to the website at <http://hawaii.gov/dlnr/dofaw/forestry/urban-and-community-forestry>

### Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

### Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete.

Name (printed)	
Signature	
Date	
<b>Employer Approval</b>	
Employer Name (printed)	
Signature	
Date	

### Our Policy

*In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, marital status, or disability.*

*To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (202) 720-5964 (voice and TDD). Kaulunani, as a program of DLNR Division of Forestry and Wildlife, is an equal opportunity provider and employer.*

**Contact Information:** Heather McMillen, 808-587-0054 or Heather.L.McMillen@hawaii.gov

**Submit form by email or by mail to:**

Heather McMillen, Kaulunani Urban Forestry Program, 1151 Punchbowl St., Rm. 325, Honolulu, HI 96813