

Kaulunani Advisory Council Application

(Terms begin January)



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/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"/> Health Industries |
| <input type="checkbox"/> Urban forestry advocacy | <input type="checkbox"/> Complete Streets/ Walkable Communities |
| <input type="checkbox"/> Legal field | <input type="checkbox"/> Other (please explain) |



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 www.Kaulunani.org



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	
Employer Approval	
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,
Hawaii State Urban Forester
Phone: 808-587-0054
Email: Heather.L.McMillen@hawaii.gov

Submit form by email or by mail to:

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