



BOARD/COMMISSION APPLICATION FORM

Maui County Council

(Please print or type)

Name: _____
(Last) (First) (Full Middle Name)

City of Residence: _____ Island: _____

Current Employer & Position: _____

Business Phone: _____ Business Fax: _____ Email (optional): _____

Please indicate why you are interested in serving and what skills you may have to contribute: _____

Employment History:

From	To
_____	_____
_____	_____
_____	_____

Community and Professional Organizations/Activities:

Previous County Experience (employment or board member):

Educational Background:

Consent to be Nominated and Certification of Truthfulness and Accuracy of Information and Commitment to Attendance:

I declare that the above statements are true and accurate to the best of my knowledge and will commit to attending all regularly scheduled board/commission meetings to the best of my ability.

For more details and requirements on County boards/commissions, please visit: <https://www.mauicounty.gov/167/Boards-Commissions>

Signature: _____ Date: _____

Most board/commission appointments are subject to confirmation by the Maui County Council. Board terms vary and can range from one-, two-, three-, or five-year terms. The information contained on this form will be made available to the public.

Please email completed application by **4:30 p.m. on September 30, 2021** to: great.committee@mauicounty.us with a reference to **GREAT-33 (South Maui Advisory Committee)**. You may also fax your application to (808) 270-7686; mail your application to Office of Council Services, 200 South High Street, #703, Wailuku, HI 96793; drop your application in a drop box located outside the entrance to the Kalana O Maui Building, or hand deliver to any Council district office located in West Maui, East Maui, or on Lanai or Molokai during normal hours of operation. For further information, call GREAT Committee Staff at (808) 270-7134 or (808) 270-8039.



BOARD/COMMISSION APPLICATION CONTACT INFORMATION AND PREFERENCES

The information contained on this form is considered **CONFIDENTIAL** and will **NOT** be made available to the public.

CONTACT INFORMATION:

Name: _____
(Last) (First) (Full Middle Name)

Home Address: _____

Mailing Address: _____

Home Phone: _____

Home Fax: _____

Political Affiliation: _____

Section 13-2(2) of the Charter, County of Maui, requires that not more than a bare majority of members of a board or commission belong to the same political party; therefore, please indicate if registered/card carrying member of a political party. If not, indicate "None".

BOARD/COMMISSION PREFERENCES:

Please indicate, in order of priority, the boards, commissions, or committees you are interested in serving on. If you have no preference, so indicate. Descriptions of boards, commissions, and committees are provided at the County of Maui's website at www.mauicounty.gov.

1. _____ 5. _____

2. _____ 6. _____

3. _____ 7. _____

4. _____ 8. _____