

Kaulunani Urban Forestry Program  
Advisory Committee Application



**Name:** \_\_\_\_\_

**Your Address:** Street \_\_\_\_\_ Island \_\_\_\_\_ County \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_

**Contact Information:** Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Home: \_\_\_\_\_ Email: \_\_\_\_\_  
Office: \_\_\_\_\_

**Education:** \_\_\_\_\_

**Employer:** \_\_\_\_\_

**Current Position:** \_\_\_\_\_

**Please select any that apply to you:**

- |   |   |
|---|---|
| <input type="checkbox"/> The U.S.D.A. Forest Service                          | <input type="checkbox"/> Landscape architecture field                         |
| <input type="checkbox"/> University of Hawai'i Cooperative Extension/Research | <input type="checkbox"/> Arborist field                                       |
| <input type="checkbox"/> County government                                    | <input type="checkbox"/> Environmental education field Plant nursery industry |
| <input type="checkbox"/> Urban forestry advocacy organization                 | <input type="checkbox"/> Green technology                                     |
| <input type="checkbox"/> Legal field  | <input type="checkbox"/> Cultural practitioner                                |
| <input type="checkbox"/> Other _____  | <input type="checkbox"/> Fundraising, grant writing and public relations      |

**List your urban forestry experience or knowledge and/or any specialized skills.**

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

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

# Kaulunani Urban Forestry Program Advisory Committee Application

**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. 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](http://www.kaulunani.org).

**Employer Approval:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (Please Print)

**Your Signature:**

\_\_\_\_\_

**Date:**

\_\_\_\_\_

Please submit this application with your resume to [ttm@hawaii.rr.com](mailto:ttm@hawaii.rr.com) or Kaulunani, DLNR/Division of Forestry and Wildlife, Teresa Trueman-Madriaga, 1151 Punchbowl St., Rm. 325, Honolulu, HI 96813.