

# Resolution

No. 26-13

ACTING ON THE NOMINATION OF ZACH  
MATHERS TO THE COMMISSION ON HEALING  
SOLUTIONS FOR HOMELESSNESS, UNDER  
CHAPTER 2.31, MAUI COUNTY CODE

WHEREAS, the Commission on Healing Solutions for Homelessness was formed and operates with eleven members under Chapter 2.31, Maui County Code; and

WHEREAS, the Council is the appointing authority for five vacancies that will occur on the Commission on Healing Solutions for Homelessness when the existing terms expire on March 31, 2026; and

WHEREAS, by correspondence dated December 31, 2025, the Independent Nomination Board transmitted to the Council one nomination; which is listed in Exhibit "A" with the corresponding application in Exhibit "D"; and

WHEREAS, under Section 13-2(17) of the Revised Charter of the County of Maui (1983), as amended, the Council has 30 days, or until January 30, 2026, to approve the appointment of the nomination and fill a vacancy; and

WHEREAS, under Charter Section 13-2(20), if the Council does not approve the nomination, the Council will notify the Independent Nomination Board by January 30, 2026, and request a new list of nominees; now, therefore,

BE IT RESOLVED by the Council of the County of Maui:

1. That, under Chapter 2.31, Maui County Code, it approves the appointment of the person listed in Exhibit "B," as a member to the Commission on Healing Solutions for Homelessness for the term and designation specified;
2. That it disapproves the nomination listed in Exhibit "C," as a member to the Commission on Healing Solutions for Homelessness;

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3. That the Council expresses its gratitude and appreciation to the appointed member for their willingness to be considered for public service and actively participate in County government; and
4. That certified copies of this Resolution be transmitted to the Mayor, the Independent Nomination Board, the Corporation Counsel, and the Acting Director of Human Concerns.

paf:clm:26-024b

INTRODUCED BY:



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SHANE M. SINENCI

**NOMINATED MEMBERS AND TERMS**

**Commission on Healing Solutions for Homelessness**

Zach Mathers  
(Faith-based leader)

Term Expiration 3/31/2029

**APPROVED MEMBERS AND TERMS**

**Commission on Healing Solutions for Homelessness**

**DISAPPROVED MEMBERS**

**Commission on Healing Solutions for Homelessness**



# Exhibit "D"

## BOARDS, COMMISSIONS, COMMITTEES

### APPLICATION

(Please print or type)

For Office Use | Date Stamp

**RECEIVED**

By Boards & Commissions at 2:42 pm, Nov 12, 2025

Name: Mathers

(Last)

Zach

(First)

Robert

(Full Middle Name)

City of Residency: Kihei

Island: Maui

Length of Residency in County of Maui: 12 yrs

[ ATTACH AN ADDITIONAL SHEET IF NEEDED FOR ANY OF THE FOLLOWING QUESTIONS ]

Briefly explain your interest in being a member of a particular board, commission or committee.

I am one of the co-founders of Village of Hope that works with foster children in Maui County.

I have a desire to see generational change with the vulnerable children and homeless community.

Currently serving or previously served on, any federal, state, or county board, commission, or committee? (Name & yrs. served)

I am not currently on any commission or committees.

List any community service and/or professional organizations or activities you're affiliated with or a member of.

Cofounder of Village of Hope Maui/

Senior Pastor of New Hope Maui.

Provide a brief summary of your skills, qualifications, expertise or knowledge.

I have worked in the foster system for over 15 years, I am trama trained in TBRI and a program called "making sense of your worth" I have strong visionary skills and the ability to mobilize people into volunteer roles.

Provide any other relevant personal or professional background information that would be beneficial to your preferred board, commission or committee.

Over 20 years experience with Homeless/ Foster Care/ addiction recovery.

**Consent to be Nominated and Certification of Truthfulness and Accuracy of Information:** I hereby acknowledge and attest that the above statements and information I have provided is true and accurate to the best of my knowledge. I authorize the Office of the Mayor and Independent Nomination Board, along with its employees and agents to investigate and obtain information regarding my suitability to be nominated and serve as an appointee of the County of Maui.

**Commitment to Attendance:** I will commit to attending all regularly scheduled board/commission meetings to the best of my abilities. \*See Maui County Code, Section 2.41.090 for rules on board attendance.

Signature

Date 11/5/25

**SAVE THIS FORM**

**SUBMIT via EMAIL (click button below) and ATTACH SIGNED FORM  
OR, PRINT FORM & Submit via USPS to the address listed at the top.**

**SUBMIT FORM**