MEMO TO: GREAT-33 File

F R O M: Michael J. Molina, Chair

Government Relations, Ethics, and Transparency Committee

SUBJECT: TRANSMITTAL OF INFORMATIONAL DOCUMENT RELATING TO

APPOINTMENTS TO SOUTH MAUI ADVISORY COMMITTEE

(GREAT-33)

The attached informational document pertains to Item 33 on the Committee's agenda.

great:ltr:033afile02:ske

Attachment



BOARD/COMMISSION APPLICATION FORM

Maui County Council

(Please print or type)

Name:(Last)		(First)	(Full Middle Name)
City of Residence:		Island:	
Current Employer & Posit	ion:		
Business	Business	Email	
		(optional):	
Please indicate why you ar	re interested in serving and wha	at skills you may have to contribute:	
Employment History:			
From	To		
Community and Profession	nal Organizations/Activities:		
Previous County Experience	ce (employment or board meml	ber):	
Educational Background:			
		Ilness and Accuracy of Information and Coot of the best of my knowledge and will commi	
	gs to the best of my ability.	,	5 - 164 - 1 July 1
For more details and require	ements on County boards/comm	issions, please visit: https://www.mauicounty.gov/	gov/167/Boards-Commissions
Signature:		Date:	
Most board/commission ap	opointments are subject to con-	firmation by the Maui County Council. Board on this form will be made available to the	

Please email completed application by 12 p.m. noon on August 23, 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:	(First)	(Full Middle Name)
Home Address:		
Mailing Address:		
Home Phone:		
Political Affiliation: Section 13-2(2) of the Charter, County of Maui political party; therefore, please indicate if regi	requires that not more than a bare majority of memb stered/card carrying member of a political party. If n	ers of a board or commission belong to the same ot, indicate "None".
Please indicate, in order of priority, tl	ne boards, commissions, or committees you	u are interested in serving on. If you have no re provided at the County of Maui's website at
1	5	
2	6	
3	7	
4.	8.	