

APPLICATION FOR THE PUNA COMMUNITY DEVELOPMENT PLAN (CDP) ACTION COMMITTEE

PURPOSE: The CDP Action Committee is a volunteer working committee whose purpose is to serve as a proactive community-based steward of the plan's implementation and update.

A action committee member will be asked to attend monthly meetings, meet with supporting partners, participate in training workshops and or retreats, help organize and attend public involvement meetings, workshops and or charettes, serve as a source for promoting and sharing information about the CDP to individuals and community groups, and to execute the duties and responsibilities prescribed in Section 16-6 of the Hawai'i County Code.

Our goal is to select members who are community-minded and bring a variety of knowledge, attitudes, skills and life experiences to this process. In addition, they should meet State and County regulations regarding the composition of a community development plan action committee. Your completion of the following application can assist us in selecting the best candidates for this very important committee.

APPLICANT INFORMATION

NAME _____
Last
First
Middle

RESIDENCE ADDRESS _____
City
State
Zip

MAILING ADDRESS _____
City
State
Zip

PHONE _____
Home
Business
Cell
Fax

EMAIL _____

LENGTH OF RESIDENCE IN CDP AREA _____ LENGTH OF RESIDENCE IN HAWAII COUNTY _____

Are any members of your immediate family or household applying for the Puna CDP Action Committee?

Yes No If yes, name of person: _____

BACKGROUND CHECK

(All applicants will be subject to a criminal background check which requires the applicant's date of birth and Social Security No.)

DATE OF BIRTH _____ SOCIAL SECURITY NO. _____

HAWAII COUNTY VOTER Yes No COUNCIL DISTRICT (Call 961-8277 if not sure) _____

You may be required to file a Financial Disclosure Statement. If required, would you comply? Yes No

Have you ever been convicted of a felony? Yes No

If yes, explain. NOTE: A conviction record will not be deemed a basis of denial for consideration, unless the offense is related to the board or commission for which you have applied.

Applicable laws require the pre-disclosure of any existing or potential conflicts of interest. Should you have any such conflicts of interests which may be questioned, please describe them below:

EVALUATION INFORMATION

EDUCATION

EMPLOYMENT RECORD (Past ten years. Use additional sheets if necessary.)

FROM (Year)	TO (Year)	EMPLOYER	OCCUPATION

Are you currently serving on any federal, state or county board or commission? Yes No

If yes, name the entity and date your term ends: _____

COMMUNITY SERVICE (Organizations; offices held; indicate past or present. Use additional sheets if necessary.):

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

MILITARY SERVICE (Briefly describe any duties and experience that may be relevant to the duties and responsibilities of a CDP Action Committee member.)

MINIMUM REQUIREMENTS (Please check all of the following minimum requirements for Action Committee members that are applicable to you.)

- Residency: Principal residence is in the CDP project area
- Duration of Commitment: Willing and able to commit to a term of up to four years
- Time Commitment: Willing and able to attend monthly Action Committee meetings, invest 6-8 hours of work each month in addition to meetings (e.g., preparing comments and recommendations on draft proposals and amendments prior to meetings, talking to community groups and individuals)
- Learning Commitment: Willing and able to attend training workshops about planning and related issues, and participate in a weekend orientation retreat
- Action Commitment: Willing and able to help organize and attend public meetings, workshops, charrettes, etc.
- Collaboration Commitment: Agree to follow meeting ground rules and operating principles

PERSPECTIVES (Please indicate the community perspective(s) you represent or strongly advocate. Check all that apply and briefly explain how you represent that perspective.)

- Agriculture _____
- Alternative Energy _____
- Arts/Cultural _____
- Business/Local Economy _____
- Education _____
- Environment/Natural Resource Preservation _____
- Historic/Cultural Preservation _____
- Human Services _____
- Landowner/Private Subdivision Assn. _____
- Non-Government Service Providers/Civic Groups _____
- Transportation _____

Briefly describe your experience in working together in a group with others having diverse perspectives on solutions to community issues.

What knowledge, skills or contacts with potential partners or community members could you bring to the Action Committee that would assist in implementing actions within the CDP?

Briefly describe why you would like to be a Puna CDP Action Committee member.

What do you envision the role of the Action Committee to be in the implementation of the Puna CDP?

PERSONAL REFERENCES (Please include address, phone contact and/or email address)

1.

2.

APPLICANT CERTIFICATION

I hereby acknowledge and attest that the foregoing information provided by me is true and correct to the best of my information and belief. I hereby waive any and all right to privacy and authorize the Office of the Mayor and its employees, agents and assigns to investigate and obtain information concerning my fitness and/or ability to serve as an appointee of the County of Hawai'i. I herein waive any and all claims against the County of Hawai'i, its officers, employees, agents and assigns, and any person and/or entity furnishing information, for liability and/or damages as a result of the dissemination and obtaining of this information.

SIGNED BY _____ DATE _____

THE PERSONAL INFORMATION CONTAINED IN THIS APPLICATION IS CONFIDENTIAL AND IS SOLELY INTENDED FOR USE BY THE MAYOR'S OFFICE IN MATTERS PERTAINING TO BOARDS AND COMMISSIONS. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT LARRY BROWN AT THE PLANNING DEPARTMENT AT 961-8135.

PLEASE RETURN COMPLETED FORM TO:

**ATTN: PUNA CDP
PLANNING DEPARTMENT, COUNTY OF HAWAI'I
101 PAUHI STREET, SUITE 3
HILO, HI 96720**

IF YOU WOULD LIKE TO NOMINATE SOMEONE, PLEASE SUBMIT BY LETTER TO THE PLANNING DEPARTMENT THE NAME & CONTACT INFORMATION OF THE PERSON AND WHY YOU BELIEVE THEY SHOULD BE NOMINATED.