

McKinleyville Community Services District Community Forest Committee Application (Page 1)

Name	Date
Home Phone	Cell Phone
Mailing Address	
Email Address	
Areas of Experience and Quali	ifications
Please check any of the following that a	pply to you:
Forestry Professional	
o Current Employer:	
o Job Title:	
Natural Resource Service Agency	
o Current Employer:	
o Job Title:	
Forest Management/Natural Reso	
o Current Employer:	
Tribal Affiliation	
o Which Tribe:	
What is your affiliation?	
McKinleyville Resident / Property C	Owner
o Address	
Can you commit to 8-10 hours of volunte	er time per month? Yes No
Can you commit to a term of 2 years?	Yes No
	nthly committee meetings the following times:
3rd Tuesday of the Month from	, and a second s
3rd Tuesday of the Month from	
4th Tuesday of the Month from	4:00pm-5:30pm
4th Tuesday of the Month from	ı 5:30pm-7:00pm

I am not available at any of these times.



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What knowledge, skills and experience will you bring to the Community Forest Committee? (You may attach a resume or additional page if necessary).

Please describe why you want to participate as a member of the Community Forest Committee.