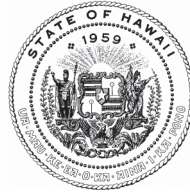


DAVID Y. IGE  
GOVERNOR

SHAN S. TSUTSUI  
LT. GOVERNOR



KAMANA'OPONO M. CRABBE, PH.D.  
KA POUHANA, CHIEF OPERATING OFFICER

KĀWIKĀ K. BURGESS  
KA POU NUI, CHIEF OPERATING OFFICER

STATE OF HAWAII  
**OFFICE OF HAWAIIAN AFFAIRS**  
560 N. NIMITZ HWY., SUITE 200  
HONOLULU, HAWAII 96817  
[www.oha.org](http://www.oha.org)

Mahalo for your interest in serving as a member of your Island Burial Council. To be considered for this nomination, please submit the following:

### **APPLICATION FORM**

Please complete the attached form. Incomplete forms cannot be considered.

### **RESUME**

Please attach a resume outlining your relevant experience.

### **LETTER OF INTEREST**

You must submit a letter discussing your interest in and qualifications for a position on the Island Burial Council. In your letter, please discuss each of the following:

- 1. Interest:** Why would you like to serve on the Island Burial Council?
- 2. Region:** What region are you applying to represent? What is your connection to the geographic region you propose to represent? Are there any other regions you would be interested in representing/serving and, if so, what are your connections to those regions? For more information on your Council's regions and current and impending vacancies, please visit [www.oha.org/burialcouncils](http://www.oha.org/burialcouncils).
- 3. Experience:** Discuss any community, cultural, professional, and/or personal experience (whether included in your attached resume or not) that you feel is relevant to your ability and qualifications to serve on the Island Burial Council. What is your experience or background with Hawaiian culture, history, customs, practices, and in particular, beliefs and practices relating to the care and protection of Native Hawaiian burial sites, ancestral remains, and burial goods?
- 4. Commitment:** Discuss your ability and commitment to attend monthly meetings during normal business hours and additional site visits as necessary.

You may submit your application materials to us in electronic format via email to [kamailem@oha.org](mailto:kamailem@oha.org), or via fax at (808) 594-1865. You may also submit a hard copy to us by mail at:

Office of Hawaiian Affairs  
ATTN: Public Policy, Kamaile Maldonado  
560 N. Nimitz Hwy., Suite 200  
Honolulu, Hawaii 96817

Please contact Kamaile Maldonado at (808) 594-1759 with any questions or concerns.

**STATE BOARDS AND COMMISSIONS APPLICATION (Please type or print legibly) Page 1 of 3**

FIRST NAME:		MIDDLE NAME:
LAST NAME:	SUFFIX, IF ANY:	MAIDEN OR OTHER NAMES, INCLUDING DATES OF USE
PLEASE CHECK PREFERRED TITLE: MR. MISS MS. MRS. DR. OTHER: _____		U.S. CITIZEN? YES NO
RESIDENCE ADDRESS (Street Address, City, State, Zip Code)		HOME PHONE
MAILING ADDRESS (If different from above)		BUSINESS PHONE
Date of Birth	RESIDENCY IN HAWAII (years)	MOBILE PHONE
ISLAND OF RESIDENCE	NAME OF SPOUSE	PRIMARY EMAIL ADDRESS

APPLYING FOR THE FOLLOWING BOARD(S) OR COMMISSION(S)  
(Drop down menu – 3 options, General being included)

CURRENT PROFESSION / OCCUPATION

REFERENCES (At least 3, include full legal name, phone number and email address)

Are you currently serving on any board or commission created by the State Constitution or a state statute?  
If so, please state the name of the body and the date when your term expires.

**1) Have you ever been arrested, charged with, or indicted or convicted for violating a criminal law, as an adult? (Traffic violations that are NOT Criminal misdemeanors or felonies need not be reported.) YES NO**  
If you answered "yes," describe by date, city/town and state, each criminal law that you were arrested, charged, indicted or convicted of violating.

**2) Are you currently the subject of a criminal investigation? YES NO**  
If you answered "yes," describe what you know about the investigation, including who is conducting the investigation.

**3) Have you ever been convicted of any act, attempt or conspiracy to overthrow the state or the federal government by force or violence? YES NO**  
If you answered "yes," describe by date, city/town and state, each criminal law that you were arrested, charged, indicted or convicted of violating.

**IMPORTANT – PLEASE READ**

For Applications Completed With Assistance

\_\_\_\_\_ read the foregoing Application Form, and the Acknowledgement and Authorization, to me, and assisted me in completing this application.

**Acknowledgement of the State Ethics Commission Annual Disclosure of Financial Interests Requirement**

Under the State Ethics Law, HRS ch. 84, members of state boards and commissions who are appointed to terms of more than one year and whose functions are not “solely advisory” must file a financial disclosure statement with the State Ethics Commission. Statements, other than the statements of members of boards that head a state department, will be maintained confidential and neither published nor disclosed by the Ethics Commission without the member’s permission, during the member’s term, and for six years thereafter whereupon they will all be destroyed. Questions as to whether the members of a particular board must file a disclosure statement, or whether statements filed by the members of a particular board are subject to disclosure should be posed directly to the State Ethics Commission.

I have read and understand the above statement.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Questions? Please email the State Boards and Commissions Office at  
Gov.boards.and.commissions@hawaii.gov.

### Authorization To Release/Disclose Information

To Whom It May Concern:

In conjunction with the background investigation being conducted by the Office of the Governor for my possible appointment to a state board or commission, I hereby authorize the representative of the Office of the Governor, State of Hawaii, bearing this release, or copy thereof, to obtain information about me that you may have pertaining to my employment, military service, or education, including but not limited to academic, achievement, attendance, personal history, disciplinary actions, awards, and request of the bearer. This authorization to release is executed with my full knowledge and understanding that the information will be used in connection with my application for possible appointment to a state board or commission.

Printed Name: \_\_\_\_\_

For purposes of this background check, my Social Security No. is: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By signing my name below, I, \_\_\_\_\_, hereby certify that all statements in this Application, Acknowledgment, and Authorization are true and correct to the best of my knowledge, and I agree and understand that any misstatement of material facts herein may cause forfeiture of all rights to any appointed position in the service of the State of Hawaii.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Printed Name: \_\_\_\_\_