

OFFICE OF THE MAYOR  
COUNTY OF MAUI  
200 SOUTH HIGH STREET  
WAILUKU, MAUI, HAWAII 96793  
TELEPHONE: 808-270-7855  
FAX 808-270-7870

[Boards.commissions@mauicounty.gov](mailto:Boards.commissions@mauicounty.gov)

## Independent Nomination Board Applicant Information

Thank you for your interest in serving the people of Maui County and your willingness to volunteer on the Independent Nomination Board (“**INB**”). Civic duty through service has a tremendous and positive impact on our government process and our entire community.

**Who:** The INB is comprised of nine members, with one from each council residency area, who are appointed by the mayor with approval by the county council. Terms are five years.

**Duties:** Responsible for recruiting, evaluating, interviewing and nominating individuals to serve on all County of Maui boards and commissions as well as the County Auditor, County Clerk, Corporation Counsel, and Prosecuting Attorney.

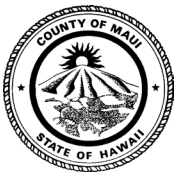
**Prohibitions:** During your term as a member of the INB you are unable to,

- a) hold an elected office – US, State, or its political subdivisions (County);
- b) actively participate in political management or in political campaigns i.e. sign waving or monetary support;
- c) you are ineligible for appointment to any of the offices that the INB makes nominations as long as you are a member and for a period of 3 years after the end of your term (County Auditor, County Clerk, Corp Counsel, or Prosecuting Attorney);
- d) you are only eligible for appointment to an unpaid position on a board or commission after the expiration of your term.

**Application:** Please complete the following **B / C** application **and briefly answer those questions for the INB**. Your responses are appreciated and required for consideration. Once a completed application is received, a confirmation will be sent via email.

MAHALO

**NOTE: Submit application pages 1 thru 4 either by USPS or via E-mail. Address and email info are listed at the top of this page. Any questions can be directed to the phone no. above.**



BOARDS, COMMISSIONS, COMMITTEES

APPLICATION

For Office Use | Date Stamp

(Please print or type)

Name: \_\_\_\_\_ (Last) (First) (Full Middle Name)

City of Residence: \_\_\_\_\_ Island: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Title or Position: \_\_\_\_\_

Why are you interested in serving on a board, commission or committee?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employment History:

From	To	Employer & Position
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Educational Background \_\_\_\_\_

Community and/or professional organizations or activities you're affiliated with or a member of.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Currently serving on, or previous service on any board, commission, or committee (list years served).

\_\_\_\_\_

Please provide a brief summary of your skills, qualifications, expertise or knowledge. (attach additional sheet if need)

\_\_\_\_\_

\_\_\_\_\_

Please provide any additional relevant background information, that would be beneficial as a member, i.e. special qualifications-Native Hawaiian Cultural Practitioner. (attach additional sheet or documents if need)

\_\_\_\_\_

**Consent to be nominated and Certification of Truthfulness and Accuracy of Information and Commitment to Attendance\*:**

I declare that the above statements are true and accurate to the best of my knowledge and 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: \_\_\_\_\_



## INB APPLICATION

1. The INB is comprised of nine community members, with one from each council residency area, how long have you resided in your district?

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2. Given your understanding of the role and responsibilities as a member of the INB, why do you believe that you are qualified for the position?

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3. How will your expertise and knowledge aid in your decision-making ability as a member of the INB?

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4. What factors do you think the INB should consider when determining nominees?

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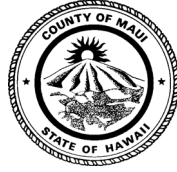
5. What would you hope to accomplish if selected during your term of service?

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CONTACT INFORMATION  
INDEPENDENT NOMINATION BOARD

The information contained on this form is considered CONFIDENTIAL and will NOT be made available to the public.

CONTACT INFORMATION

Name: \_\_\_\_\_  
(Last) (First) (Full Middle Name)

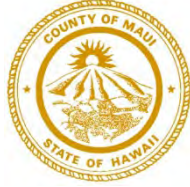
Home Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cellular Phone: \_\_\_\_\_

Email: \_\_\_\_\_  
(Preferred email to be contacted at. Providing an business email is optional.)

or Save form and send separately to: [Boards.Commissions@mauicounty.gov](mailto:Boards.Commissions@mauicounty.gov)



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### **Authorization to Release and Disclose Information**

To Whom It May Concern:

In conjunction with the background check being conducted by the Office of the Mayor for my possible appointment to the Maui County Independent Nomination Board, I hereby authorize the representative of the Office of the Mayor, County of Maui, 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 the Maui County Independent Nomination Board.

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