

Oregon Department of Forestry
State Forests Advisory Committee
Application Questionnaire

Name: _____

Address: _____

Phone Number: _____

E-mail Address: _____

- 1) Why do you want to serve as a member of this advisory committee?

- 2) What interest group (if any) do you represent?

- 3) Briefly describe your previous and current involvement (if any) in issues that relate to the management of state forests and your level of knowledge about state forests in Oregon.

- 4) Briefly describe your experience in public involvement processes that relate to natural resource management in Oregon. Include any experience you have participating in group processes.

- 5) Would you be able to commit to attending meetings that are typically held on Fridays every three to four months and a 2-day meeting/field trip that occurs each summer? Tentative dates for 2018 are: April 26th, week of June 18th, and October 19th. A new member orientation will be scheduled as well. That date is yet to be determined.

- 6) Optional - List three people that we could contact who would provide information about your knowledge, skills and abilities as it relates to participation on this advisory group.

Please return this form by **March 13, 2018** to April Davis, Oregon Department of Forestry, Northwest Oregon Area Office, 801 Gales Creek Road, Forest Grove, OR 97116, or email your responses to april.r.davis@oregon.gov. Be sure to include your name and phone number on the form.