

West Hawai'i Fisheries Council

Application can be turned in to Kona Coast Divers or mailed to
Sea Grant Extension Office
P.O. Box 489
Kailua-Kona, HI 96745

COUNCIL APPLICATION

The following questionnaire is designed to assist you in providing the West Hawai'i Fisheries Council (WHFC) selection committee with information on your background/interests in nearshore fisheries management. This information will be provided to the selection committee and Council only and will be kept in strict confidence.

Please answer all questions and categories which pertain to you and sign your name on the last page. Please type or print neatly.

NAME

MAILING ADDRESS

CITY

ZIP

PHONE

FAX

EMAIL

I. Please indicate your involvement with West Hawai'i fisheries (mark all that apply):

	<u>Full Time*</u>	<u>Part Time</u>
_____ Commercial Fisher	_____	_____
_____ Aquarium Fish Collector	_____	_____
_____ Charter Boat Fishing Operator	_____	_____
_____ Dive/snorkel Tour Operator	_____	_____
_____ Recreational Diver	_____ Scuba	_____ Snorkel/free
_____ Recreational Fisher		
_____ Subsistence Fisher		
_____ Shoreline Gatherer		
_____ Scientist	_____ Other (specify) _____	

* Most of your personal income is derived from this activity.

II. Please indicate the fishing methods or types of fishing equipment you use:

<u>List species sought</u>	<u>Commercial</u>	<u>Non-commercial</u>
___ Shoreline Casting _____	___	___
___ Shoreline Pole & Line _____	___	___
___ Trolling _____	___	___
___ Inshore Handline _____	___	___
___ Offshore Handline _____ (ika shibi, etc)	___	___
___ Bottom Fishing _____	___	___
___ Long (flag) Line _____	___	___
___ Throw Net _____	___	___
___ Gill (lay) Net _____	___	___
___ Cross Net _____	___	___
___ Barrier Net _____	___	___
___ Hand Net _____	___	___
___ Surround Net _____	___	___
___ Crab Net _____	___	___
___ Other Net (specify) _____	___	___
___ Spear Fishing (Scuba) _____	___	___
___ Spear Fishing (Free) _____	___	___
___ Fish Trap _____	___	___
___ Crab/shrimp/lobster Trap _____	___	___
___ Hand Collecting _____	___	___
___ Other Method _____	___	___

III. Please indicate the general geographic areas where you fish or with which you are familiar:

___ North Kohala ___ North Kona ___ Ka'u
 ___ South Kohala ___ South Kona

IV. Please list any specific geographic areas with which you are especially knowledgeable.

V. How long have you been involved with West Hawai'i fisheries? _____ years.

VI. Please list any community and/or interest groups you belong to which are concerned with West Hawai'i fishery resources:

VII. In the space below, please provide the Council with any additional information on your fisheries background, your interest in the fishing industries, or your knowledge of the coastal environment which you believe would assist the Council in selecting new members.

VIII. Members of the WHFC are expected to attend all Council meetings. An alternate must substitute if a member is unable to attend. Please indicate the person who you will designate as your alternate:

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Community-based fishery management depends upon the exchange of information between all involved parties. I understand that membership of the Council entails more than just attending meetings. I am willing and able to serve as a contact between the community and the Council. By submitting this application, I attest to the knowledge that council meetings are irregularly scheduled on weekday evenings. It is my intention that if I am appointed to the West Hawai'i Fisheries Council, I will serve a minimum of two years.

Signature

Date