



**CHUGACH STATE PARK**  
Application to Citizens Advisory Board

Last Name		First Name		MI
Mailing Address		City	St	Zip
Permanent Residence Address		City	St	Zip
Best Ph #	Alt Ph #		Email	

Date of submission: \_\_\_\_\_

**1. Areas of greatest interest (these include topics that at times are addressed by the board)**

- |                                |                         |                                  |          |
|--------------------------------|-------------------------|----------------------------------|----------|
| Park planning/land acquisition | trails                  | legislation                      | wildlife |
| Education/interpretation       | budget/funding          | resource protection/conservation |          |
| Historic preservation          | other (please describe) |                                  |          |

**2. Specialized skill(s) possessed (where can you provide assistance to the board?):**

- |                                |                    |             |                  |
|--------------------------------|--------------------|-------------|------------------|
| SAR and/or wilderness medicine | legal              | legislative | park planning    |
| Budget/funding                 | IT/web development | marketing   | education/interp |
| Other (please explain)         |                    |             |                  |

**3. Estimated number of visits you make to CSP annually:**

- |        |        |      |        |
|--------|--------|------|--------|
| Spring | summer | fall | winter |
|--------|--------|------|--------|

**4. Please list the types of recreation in which you are most involved:**

**5. This voluntary board meets the second Monday of each month, and our meetings last two hours. Can you make a commitment to attend at least 80% all board meetings during the year?**

**6. CSPAB uses committees to complete much of its work. These committees often meet 2-4 hours per month (in addition to the regular CSPAB meeting). Do you have the time and are you willing to commit to working on a committee?**

**7. Do you have any possible conflict of interest with the Department of Natural Resources or the Alaska Division of Parks and Outdoor Recreation that may give you, as an applicant/CSPAB member, any direct financial, professional, or other type of personal gain? If yes, please explain.**

**8. Do you perform commercial activities within any Alaska State Park unit? If so, please describe.**

**9. Do you feel you could be impartial when addressing issues that affect you personally, affect your community, or affect the interests of CSP?**

**10. Are you a property owner or resident within or adjacent to any Alaska State Park unit. If so, please describe.**

**11. Are you a current member of any Community Council? If so, which one(s)?**

**12. Do you have a criminal record, or have you ever been convicted of a crime?**

**13. Please list any organizations you are currently a part of, or you have been a part of, that might provide you with beneficial experience or insight on issues that pertain to Chugach State Park.**

### **PERSONAL BACKGROUND QUESTIONS**

Historically, applicants to the CSPAB are avid park users who are passionate about the park. Most visit the park on a regular basis, and most have a desire to “give back” to the park, or to offer some sort of effort to ensure the park’s sustainability and longevity. When selecting new members to the board, our nomination committee is most interested in what it is about you that sets you apart. Please use the space below and on the next page to help us understand what qualities you have that would be especially beneficial to the CSPAB and to Chugach State Park.

**What special skills or unique perspective can you bring to this board?**

There are times when the CSPAB must address challenging and potentially politically charged issues, while at the same time maintaining professionalism and considering the views of a wide variety of park users. **Considering the preceding statement, please describe qualities that you have, or work that you have done, that would prove beneficial to the CSPAB.**

**What would you like to achieve as a member of this board?**

**REFERENCES** (references will be checked):

	First Name	Last Name	Address	Ph#	Email
1					
2					

**Are there any other comments you would like to share with the nomination committee? If so, please note them here.**

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

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

Please complete and print form, then mail to:  
Chugach/Southwest Area  
18620 Seward Highway,  
Anchorage, AK 99516

OR scan and e-mail to: [csp@alaska.gov](mailto:csp@alaska.gov)