



# Oregon Hatchery Research Center Board Interest Form



This form is used to obtain general information for the Oregon Fish and Wildlife Director concerning the qualifications of applicants for the Oregon Hatchery Research Center Board. This information may be used in publicizing the activities of the Board.

## Personal Information

|                          |                                 |
|--------------------------|---------------------------------|
| <b>Name:</b>             | _____                           |
| <b>Legal Residence:</b>  | _____                           |
| <b>Business Address:</b> | _____                           |
| <b>Telephone:</b>        | HOME _____ WORK _____ FAX _____ |
| <b>Occupation:</b>       | _____                           |

(If you are handwriting this form, continue on back if additional space is needed below. If using electronic version, areas will expand accordingly.)

**Position for which you are applying:**

- |  |  |
|--|--|
| <input type="checkbox"/> Oregon Salmon Commission              | <input type="checkbox"/> Agricultural Industry           |
| <input type="checkbox"/> Columbia River gillnet salmon fishery | <input type="checkbox"/> Forest Products Industry        |
| <input type="checkbox"/> Statewide Sport Angling Organization  | <input type="checkbox"/> Coastal Ports                   |
| <input type="checkbox"/> Independent Scientific Community      | <input type="checkbox"/> Oregon Indian Tribes            |
| <input type="checkbox"/> Fish Habitat Restoration Interests    | <input type="checkbox"/> Wild Fish Advocacy Organization |

**Statement of Interest:**

\_\_\_\_\_

**What has been your involvement in representing organizations or interest groups in fishery issues?** Please be specific. (For example: developing angling regulations or other rule making; working with organized groups; legislative activities, participating in agency processes; or leadership roles.)

**Please describe your interest in research related to the propagation of fish in hatcheries -**

**Please describe your experience with fish management policy –**

***Please list three references that we can contact.***

| <b>NAME</b> | <b>ADDRESS</b> | <b>PHONE NUMBER</b> |
|-------------|----------------|---------------------|
|             |                |                     |
|             |                |                     |
|             |                |                     |

As a citizen of the United States, I will accept appointment to the Oregon Hatchery Research Center Board if selected by the Oregon Fish and Wildlife Director.

\_\_\_\_\_  
**(Signature)**

\_\_\_\_\_  
**(Date)**

Please scan and send this application via email to [kerrie.j.tarkinton@state.or.us](mailto:kerrie.j.tarkinton@state.or.us) or via mail to:

Kerrie Tarkinton  
West Region Office Manager  
Oregon Department of Fish and Wildlife  
28655 Highway 34  
Corvallis, OR 97333

Applications must be sent via email or post-marked by the application in order to be considered for the position.

# OREGON DEPARTMENT OF FISH AND WILDLIFE

## DEPARTMENT COMMITTEE / BOARD MEMBER PROTECTED GROUP STATUS FORM

Name \_\_\_\_\_ Date \_\_\_\_\_

Department Committee / Board Name: \_\_\_\_\_

Federal and State laws require the Department to make its programs, activities and services available to all persons regardless of race, color, national origin, age, disability and sex (in educational programs). The Department is attempting to monitor the selection of and participation by women, minorities, and people with disabilities on its committees, advisory groups etc. **NOTICE: Information obtained will be kept confidential and will be destroyed as soon as the responses on the form are captured numerically.**

The following information will be used for statistical reporting only, and is voluntary.

### Race/Ethnic Origin:

\_\_\_\_\_ Black

\_\_\_\_\_ Asian or Pacific Islander

\_\_\_\_\_ American Indian or Alaskan Native

\_\_\_\_\_ Hispanic (of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin)

\_\_\_\_\_ White

### Mark the following which apply to you:

\_\_\_\_\_ Male                      \_\_\_\_\_ Disabled

\_\_\_\_\_ Female

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\_\_\_\_\_ I prefer not to respond to this information