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| SECTION 1 – Applicant Information | | | | | | | | |
| Full Name: | |  | | | Date: |  | | |
| District: | |  | | | Current Position: |  | | |
|  | | | | | | | | |
| 1. | Why do you want this position? | | | | | | | |
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| 2. | Describe your experience, knowledge and/or training in forest entomology, pathology or non-native invasive plant control. Note: This information is helpful to forest health staff but no level of experience is required for the position. | | | | | | | |
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| 3. | Why should Forest Health be a part of the agency’s overall mission? | | | | | | | |
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| SECTION 2 – Applicant Agreement | | | | | | | | |
| The primary roles/duties of the forest health liaisons are:   * Report presence of pests in the region and pass along observations from others. * Encourage other regional personnel to submit reports. * When needed, assist with trapping and surveys throughout the state. * Attend trainings and conferences as time and funds allow. * Disseminate information on emerging forest health threats and treatment options to other VDOF field personnel. * Be available as the first point of contact for regional personnel with common forest health questions. | | | | | | | | |
| Selected individuals must commit to additional training and responsibilities that would not exceed five percent of their time over the course of a year. This is a temporary assignment with a three-year term, which may be terminated at any time if it is determined that the benefits are not being realized. | | | | | | | | |
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| Applicant Name (Print) | | |  | Applicant Signature | | |  | Date |
|  | | | | | | | | |
| SECTION 3 – Senior Area Forester Approval | | | | | | | | |
|  | | |  |  | | |  |  |
| District Forester Name (Print) | | |  | District Forester Signature | | |  | Date |
|  | | | | | | | | |
|  | | | | | | | | |
| Return completed application to Lori Chamberlin by mail (900 Natural Resources Drive, Suite 800, Charlottesville, VA 22903) or email [lori.chamberlin@dof.virginia.gov](mailto:lori.chamberlin@dof.virginia.gov). | | | | | | | | |