



CITIZEN APPLICATION FOR ADVISORY BOARDS AND COMMISSIONS

			Date:		
Last Name:		First Name:		Middle Initial:	
Birthdate:					
Email:			Home Phone:		
Daytime Phone:			Cell Phone:		
Home Address:					
Live in Jamestown Town Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Current Occupation/Title					
Employer/Business Name					
Business Address (with zip code):					
Supervisor's Name:					
Education: <input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> Graduate School <input type="checkbox"/> Other:					
Degree and Subject of Study:					
School Name/Years Attended:					
Applying for Board/Commission (enter one):					
Why are you interested in serving on that Board/Commission?					
What Board or Commission are you currently serving?					
	Term Expiration Date:				
Are you willing to serve on any other Board/Commission? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, please list:					
Are you interested in serving in any other community volunteer activities? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, please list:					

Interests/Skills/Areas of
Expertise/ Professional
Organizations:

List two professional references below:			
1.	Name:		Daytime Phone:
	Address:		
	Relationship:		
2.	Name:		Daytime Phone:
	Address:		
	Relationship:		
AFFIRMATION OF ELIGIBILITY			
Has any formal charge of professional misconduct, criminal misdemeanor, or felony ever been filed against you in any jurisdiction? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, explain.			
Is there any possible conflict of interest or other matter that would create problems or prevent you from fairly and impartially discharging your duties as an appointee to a Board/Commission? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, explain.			
I understand this application is public record, and I certify the facts contained in this application are true and correct to the best of my knowledge. I authorize and consent to background checks and to the investigation and verification of all statements contained herein. I further authorize all information concerning my qualifications to be investigated and release all parties from all liability for any damages that may result from this investigation. I understand and agree any misstatement or conduct will be cause for my removal from any board or commission.			
Signature of Applicant: <i>(Please print and sign.)</i>		Date:	

PLEASE ATTACH RESUME

RETURN COMPLETED FORM TO:

Town of Jamestown, Attn: Town Clerk PO BOX 848 Jamestown, NC 27282

Website: www.jamestown-nc.gov

Email: kmcbride@jamestown-nc.gov Fax: 336-886-3804 Telephone: 336-454-1138

Note: Applications will be kept on file for two years from the date of application.