



**CITIZEN APPLICATION FOR ADVISORY BOARDS AND COMMITTEES**

Name: \_\_\_\_\_

Home address: \_\_\_\_\_

**\*Must reside within the Town limits of Jamestown**

Email address: \_\_\_\_\_

Telephone number: Home \_\_\_\_\_ Mobile: \_\_\_\_\_

Gender:  Male  Female Birthdate: \_\_\_\_\_

How long have you been a resident of Jamestown? \_\_\_\_\_

Current Occupation/Title: \_\_\_\_\_

Employer/Business Name: \_\_\_\_\_

Business Address and Zip: \_\_\_\_\_

Education: High School  College  Graduate School  Other

Degree/Subject of Study: \_\_\_\_\_

School/Name Years Attended: \_\_\_\_\_

BOARD/COMMITTEE APPLYING FOR (list all that you may be interested in): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any Board or Committee on which you currently serve and your term expiration date:

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What are your qualifications for serving on the Board/Committee for which you are applying? \_\_\_\_\_

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**\*Please submit a copy of your resume with this application\***

**AFFIRMATION OF ELIGIBILITY**

Has any formal charge of professional misconduct, criminal misdemeanor or felony ever been filed against you in any jurisdiction?

Yes \_\_\_\_\_ No \_\_\_\_\_ if yes, explain complete disposition. \_\_\_\_\_

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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/Committee?

Yes \_\_\_\_\_ No \_\_\_\_\_, if yes, explain \_\_\_\_\_

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I understand this application is public record, and I certify that 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 that any misstatement or conduct will be cause for my removal from any Board or Committee.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*Applications will be kept on file for two (2) years and then purged.

RETURN COMPLETED FORM

TO:

Town Clerk, PO Box 848, Jamestown, NC 27282 Telephone: (336) 454-1138 Fax: (336) 886-3508

Email: [kmcbride@jamestown-nc.gov](mailto:kmcbride@jamestown-nc.gov)