

**VOLUNTEER APPLICATION FOR BOARDS AND COMMITTEES
TOWN OF ATLANTIC BEACH**

FOR OFFICE USE ONLY	
Date Received	Time
Appointed To	Date Appointed

PLEASE COMPLETE EACH SECTION (PRINT OR TYPE)

NAME _____

HOME ADDRESS _____

MAILING ADDRESS _____

BUSINESS ADDRESS _____

E-MAIL ADDRESS _____

HOME PHONE _____ BUSINESS PHONE _____

SPOUSE=S NAME _____

SPOUSE=S EMPLOYER _____

BOARDS AND COMMITTEES I AM MOST INTERESTED IN (PLEASE NUMBER BY PREFERENCE):

PLANNING BOARD _____

BOARD OF ADJUSTMENT _____

OTHER COMMITTEE (Specify) _____

EDUCATION (INCLUDING DEGREES COMPLETED):

CURRENT EMPLOYER _____ TITLE _____

YEARS IN CURRENT POSITION _____ BRIEF DESCRIPTION OF DUTIES:

(OVER)

OTHER EMPLOYMENT HISTORY _____

INTERESTS/SKILLS/AREAS OF EXPERTISE _____

CURRENT PROFESSIONAL ORGANIZATIONS/CIVIC/RELIGIOUS/POLITICAL ACTIVITIES

PAST PROFESSIONAL ORGANIZATIONS/CIVIC/RELIGIOUS/POLITICAL ACTIVITIES

COMMENTS _____

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 of the Town Council?

- No Yes (If yes, please attach an explanation of the possible conflict)

I certify that the facts contained in this application are true and correct to the best of my knowledge and belief. I also certify that I am a resident of the Town of Atlantic Beach and eighteen (18) years of age or older. I understand that this application will be retained in the Office of the Town Clerk for two (2) years and must be updated after that time. If not updated after that time, the application will be removed from the active consideration file.

Signature _____

Date _____

RETURN COMPLETED FORM TO:

**Office of the Town Clerk
P.O. Box 10
Atlantic Beach, NC 28512**