

**TOWN OF SEVEN DEVILS APPLICATION FOR APPOINTMENT
FOR: BOARD OR COMMITTEE**

PLEASE NOTE: In accordance with North Carolina law, this application is a public record and will be disclosed upon request without notice. If there is any information you do not want released to the public, please do not include it.

FULL NAME: _____

LOCAL ADDRESS: _____

EMAIL ADDRESS: _____ TELEPHONE: _____

FULL-TIME RESIDENT of the Town of Seven Devils _____ YES _____ NO
If part-time, approximately how many months in a year do you live in Seven Devils? _____

HOW LONG HAVE YOU BEEN A RESIDENT OF SEVEN DEVILS? _____

NAME OF BOARD OR COMMITTEE FOR WHICH APPOINTMENT IS SOUGHT:

- | | | | |
|--|---|--|------------------------------------|
| <input type="checkbox"/> Board of Adjustment | <input type="checkbox"/> Public Works Committee | <input type="checkbox"/> TDA | <input type="checkbox"/> ABC Board |
| <input type="checkbox"/> Planning Board | <input type="checkbox"/> Recreation Commission | <input type="checkbox"/> Public Safety Committee | |

WHY DO YOU WANT TO SERVE ON THIS BOARD/COMMITTEE?

ARE YOU FAMILIAR WITH THE TOWN'S COMPREHENSIVE LAND USE PLAN AND THE VISION STATEMENT OF THE TOWN CONTAINED THEREIN? (It can be accessed at www.sevendevils.net)

RATE YOUR SUPPORT FOR THE VISION STATEMENT AND COMPREHENSIVE LAND USE PLAN (with "1" signifying no support and "10" signifying great support): _____

WHAT SKILLS, EDUCATION, TRAINING, EXPERIENCE OR AREA(S) OF EXPERTISE WOULD YOU BRING TO THIS APPOINTMENT?

HAVE YOU TAKEN THE OPPORTUNITY TO ATTEND ANY PREVIOUS BOARD MEETINGS PRIOR TO THE NOTICE OF THIS VACANCY? _____ YES _____ NO

DESCRIBE EXTENT AND MEETINGS ATTENDED: _____

IF APPOINTED, DO YOU ANTICIPATE ANY CONFLICT OF INTEREST? _____ YES _____ NO

IF YES, PLEASE EXPLAIN: _____

PLEASE LIST ANY CURRENT OR PREVIOUS SERVICE TO THE COMMUNITY, CIVIC ORGANIZATIONS, ACTIVITIES AND ANY SPECIAL TALENTS:

BOARDS/CIVIC ORGANIZATIONS/TALENTS:	DATE FROM:	DATE TO:
_____	_____	_____
_____	_____	_____
_____	_____	_____

ADDITIONAL COMMENTS WHY YOU SHOULD BE APPOINTED TO THIS BOARD/COMMITTEE:

I certify this information is correct. I understand that this is an application to be considered for appointment to a Town Board or Committee and that final appointment is made by the Town Council of Seven Devils. I also understand that any service, if appointed, would be without compensation. This application will remain on file for a period of 12 months form the date of application.

Gender: _____

Signature: _____ Date: _____

Please fill out the form completely and return it to the Town Clerk at Town Hall.

If you have any questions, call 828-963-5343

