

Deputy Town Clerk
4601 E. Oak Island Dr.
Oak Island, NC 28465
910-201-8111
ebaker@oakislandnc.gov

TOWN OF OAK ISLAND COMMITTEE APPLICATION Business Advisory Board



Name: _____ Email: _____

Home Address: _____
(Street) (City) (Zip Code)

Mailing Address if different: _____
(Street) (City) (Zip Code)

Home Phone: _____ Cell: _____ Business (if different): _____

Years resident of Oak Island: _____

Do you have a family member employed by Town of Oak Island? If yes, name: _____

Applicant's Employer: _____

In accordance with the Town of Oak Island Personnel Policy, a person currently employed by the agency or department for which this application is made must resign his/her position with Oak Island upon appointment. Furthermore, the applicant should have no immediate family member employed by such agency or department.

Occupation: _____

Relevant Professional Activities: _____

Relevant Volunteer Activities: _____

Why do you wish to serve on this board/committee?

Conflict of Interest: If a board member believes he/she has a conflict or potential conflict of interest on a particular issue, that member should state this belief to the other members of his/her respective board during a public meeting. The member should state the nature of the conflict, detailing that he/she has a separate, private, or monetary interest, either direct or indirect, in the issue under consideration. The member should then excuse himself/herself from voting on the matter.

What areas of concern would you like to see addressed by this committee?

Qualifications for serving:

Qualifications: What knowledge, skills, experience or other abilities do you have to contribute?

Other Oak Island boards/committees on which you have or are serving:

Date: _____

Signature _____

Applications are kept on file for 12 months

I understand that any board or committee appointee may be removed without cause by a majority of Town Council.

Please use additional sheet for additional comments

Please see additional questions on Page 2 and provide references' contact information on Page 3.

ADDITIONAL QUESTIONS

1. **Business Advisory Board committee members must represent 1 of 2 categories: Business Stakeholder or Resident. Please indicate which best describes the seat you are applying for:**

Business Stakeholder (local business owner, manager, or commercial property owner of business(es) located in Oak Island; can also be a resident)

Resident (must live within the Town limits of Oak Island; do not have to have a business)

2. **How long have you been involved in the local business community?**
3. **What unique perspective or expertise would you bring to the Business Advisory Board?**
4. **Please describe a situation where you successfully collaborated with diverse stakeholders to achieve a common goal.**
5. **If you could implement one initiative to improve our town's business climate, what would it be and why?**
6. **How do you perceive the relationship between local government and the business community, and if you believe improvements are needed, what are your suggestions?**

List three personal references and phone numbers:

1. _____
2. _____
3. _____