

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. _____