

TOWN OF OAK ISLAND**Deputy Town Clerk**

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

COMMITTEE APPLICATION

Board/Committee: _____

Name: _____ **email:** _____

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

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

Home Phone: _____ **Fax:** _____ **Cell:** _____ **Business:** _____

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:

Town policy limits service on volunteer boards/committees to two terms unless Council takes action otherwise.

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 reverse side for additional comments

Please provide references' contact information on Page 2.

List three personal references and phone numbers:

1. _____
2. _____
3. _____