

**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:** \_\_\_\_\_**Applications are kept on file for 12 months****Please use reverse side for additional comments****Signature** \_\_\_\_\_

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

**Please provide references' contact information on Page 2.**

**List three personal references and phone numbers:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_