



## CITIZEN APPLICATION FOR ADVISORY BOARDS AND COMMITTEES

Name \_\_\_\_\_

Gender: Male Female Birthdate: \_\_\_\_\_ E mail \_\_\_\_\_

Home Phone: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Home Address: \_\_\_\_\_

How long have you been a resident of Jamestown? \_\_\_\_\_

Current Occupation/Title: \_\_\_\_\_

Employer/Business Name: \_\_\_\_\_

Business Address and Zip: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Education: High School ( ) College ( ) Graduate School ( ) Other ( ) Degree/Subject of Study:  
\_\_\_\_\_ School/Name Years Attended:  
\_\_\_\_\_

BOARD/COMMITTEE APPLYING FOR (list one): \_\_\_\_\_

List the Board or Committee on which you currently serve and your term expiration date:

What are your qualifications for serving on the Board/Committee for which you are applying? \_\_\_\_\_

Are you willing to serve on any other Board/Committee: Please list: \_\_\_\_\_

Are you interested in serving in any other community volunteer activities:  
\_\_\_\_\_?

Please submit resume

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Interest/Skills/Areas of Expertise/Professional Organizations

List two personal references below: Name: \_\_\_\_\_ Daytime

Telephone: \_\_\_\_\_ Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ Name: \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_ Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ AFFIRMATION OF ELIGIBILITY Has any formal charge of

professional misconduct, criminal misdemeanor or felony ever been filed against you in any

jurisdiction? Yes \_\_\_\_\_ No \_\_\_\_\_ if yes, explain complete disposition.

\_\_\_\_\_

Is there any possible conflict of interest or other matter that would create problems or prevent you from fairly and impartially discharging your duties as an appointee to a Board/Committee?

Yes \_\_\_\_\_ No \_\_\_\_\_, if yes, explain \_\_\_\_\_

I understand this application is public record, and I certify that the facts contained in this application are true and correct to the best of my knowledge. I authorize and consent to background checks and to the investigation and verification of all statements contained herein. I further authorize all information concerning my qualifications to be investigated and release all parties from all liability for any damages that may result from this investigation. I understand and agree that any misstatement or conduct will be cause for my removal from any Board or Committee.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

RETURN COMPLETED FORM TO: Town of Jamestown, P O Box 848,  
Jamestown, NC 27282 Telephone: (336) 454-1138 Fax: (336) 886-3508