



# TOWN OF MOUNT GILEAD VOLUNTEER BOARDS/COMMITTEES APPLICATION

110 West Allenton Street, Mount Gilead, North Carolina, 27306

Thank you for your interest in volunteering your time and expertise to the Town of Mount Gilead. Please complete the following information and direct this form to Amy Roberts, Town Clerk.

aroberts@mtgileadnc.com or 910-439-1336 (Fax)

Check Your Interest(s): Planning and Zoning Board   
Historic Preservation Commission   
Community Appearance Board   
Parks and Recreation Committee

I live in Mount Gilead's:

City Limits  **OR** ETJ (extra territorial jurisdiction)  **OR** I am a non-resident

How many years have you lived in Mount Gilead? \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street Address (if different): \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Mobile) \_\_\_\_\_ (Work) \_\_\_\_\_

Email Address: \_\_\_\_\_

Do you own a business within Mount Gilead? Yes  No  Years owned: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Location: \_\_\_\_\_

Educational Background: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Prior/Other Public or Volunteer Service: \_\_\_\_\_

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Why do you wish to serve on this Board/Committee? \_\_\_\_\_

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If chosen for this volunteer position, will you be able to attend after-hours meeting and assist in any special events and/or trainings that may occur?

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Please share anything else you would like the Mount Gilead Town Board of Commissioners to know during their consideration.

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I certify that the facts contained in this application are true and correct to the best of my knowledge. I understand and agree that any violation of the Town of Mount Gilead Ethics Policy may be cause for my removal from any Board or Committee. **Regular meeting and event attendance is required and important to the success of any Board.** If my attendance is less than the standards established, it is cause for removal. Finally, I also understand this application is a public record and will be kept on file for one year from the date of submission to the Town Clerk.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_