Mount Gilead • North Carolina Bat. 1899

TOWN OF MOUNT GILEAD

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

MEMORANDUM

DATE: August 13, 2024

TO: Residents of Mount Gilead

FROM: Dylan Haman, Town Manager

RE: Join the Mount Gilead Parks and Recreation Advisory Committee!

Are you passionate about our community's parks, recreation programs, and outdoor spaces? Do you want to help shape the future of Mount Gilead's recreational opportunities? The Town of Mount Gilead is seeking dedicated and enthusiastic individuals to join our Parks and Recreation Advisory Committee!

Why Join?

- Make a Difference: Influence decisions on park improvements, recreational activities, and community events.
- **Collaborate:** Work with town officials, community members, and local organizations to enhance our parks and recreational programs.
- **Share Your Ideas:** Bring your unique perspective and ideas to the table to create a vibrant and inclusive environment for all residents.

Who Should Apply? We welcome applicants who:

- Have a genuine interest in parks, recreation, and community well-being.
- Are residents of Mount Gilead or have a strong connection to our town.
- Are willing to attend regular meetings and actively participate in committee discussions.

How to Apply: Submit your application by September 15 to Dylan Haman by email at Dhaman@mtgileadnc.com. Applications are available at https://mtgileadnc.com/category/news/or by contacting Lessie Jackson, Town Clerk at 910-439-5111.



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ADVISORY COMMITTEE APPLICATION

| FIRST NAME | |
|-----------------------------------|----------------------|
| LAST NAME | |
| COMMITTEE? | PARKS AND RECREATION |
| STREET ADDRESS | |
| TOWN | |
| MAILING ADDRESS | |
| PHONE | |
| DATE OF BIRTH | |
| LIST ANY BOARDS YOU SERVE ON | |
| WHY ARE YOU INTERESTED IN JOINING | |
| THIS COMMITTEE? | |
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| | |
| PLEASE DESCRIBE ANY BACKGROUND | |
| OR ABILITIES THAT QUALIFY YOU TO | |
| SERVE ON THIS COMMITTEE? | |
| | |
| | |
| | |
| CURRENT WITH CHIEF | |
| CURRENT EMPLOYER | |
| YEARS IN POSITION | |
| JOB TITLE | |
| SPOUSE NAME | |

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:_____