Print

Advisory Board Application - Submission #5348

Date Submitted: 4/27/2021

First Name*	Last Name*	Date*		
Donald	Hawkins	11/6/	1990	
		Select today's date		
Address1*				
111 Jones ferry road				
Address2				
City*		State	Zip*	
Carrboro		North Carolina - NC	27510	
Please select Yes or No. Telephone (111)-111-1111*	Email Address*			
9195375989	d.l.hawkins2@gmail.com			
Please enter your primary contact phone number.	Enter your primary email address.			
		st because your elected officials applicant pool is a priority of th		
Current Age*	Race*	Sex*	Ethnicity*	
11/6/1990	American Negro	Male	American	
	Please enter your race.	Please enter your sex.		
Occupation*	Are you a registered Orange County Voter?*	Length of Residence in Orange County*	Length of Residence in the Town of Carrboro*	
Please enter your occupation.	Yes ▼	22 years	22 years	
	Please answer Yes or No	How long have you been a resident of Orange County?	How long have you been a resident of the Town of Carrboro?	

I wish to be considered for appointment to the follow	ring committee/board(s) (Select no more than two (2)):
Affordable Housing Advisory Commission	Northern Transition Area Advisory Committee
Appearance Commission/NPDC	OWASA Board of Directors
Arts Committee	Planning Board
Board of Adjustment	Racial Equity Commission
Climate Action Team	Recreation and Parks Commission
Economic Sustainability Commission	Stormwater Advisory Commission
Environmental Advisory Board	Tourism Development Authority*
Human Services Commission	Transportation Advisory Board
Greenways Commission	
another board unless you resign before filing an applicatio Other (advisory board not listed):	pard at a time. You shall not be considered for appointment to an or you are in the last six months of your current term. Advisory Board Preference*
,	Racial equity
Please indicate by typing the advisory board that you are applying for.	Please indicate your preference by typing your first choice. Please limit your selection above to two boards).
**Employer/Self Employed	Number of Years Employed
Please enter your employment information. This is a requirement for application for the Tourism Development Authority.	Enter the number of years you have been employed at the organization listed to the left.
** Provide examples of how you are involved in the pro	motion of travel and tourism in the Town of Carrboro.
Required only for the Tourism Development Authority Appli	cation.
Community Activities/Organizational Memberships*	
None	
Please enter the requested information.	
Relevent Experience:*	
Family activist	

Reasons '	You	Wish	to be	Ap	pointed*
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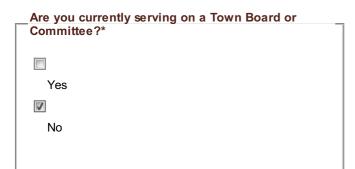
To make change

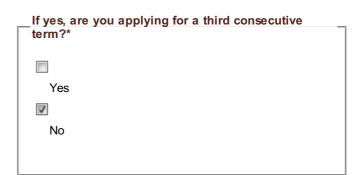
We believe as a Town and as a Town Council that racial equity and diversity and inclusion are important. Please tell us your thoughts about this and why they are important not only in advisory board/commission work but also in all facets of local government and community work.*

To have equal representation and to show reflection if board's diverse background

Have you ever served on any Town of Carrboro Committee or Board?* If yes, which one(s)?

No ▼





If yes, please describe how you meet one, or more, of the following exceptions noted below.

After completing two full terms, a member must take off one year before applying for re-appointment to the same advisory board. However, a board member may apply to serve on another advisory board if he/she desires. The Board of Aldermen may make exceptions to this rule under the following circumstances: 1. To retain diversity on an advisory board; 2. A lack of applicants.

Wesley Barker

From: noreply@civicplus.com

Sent: Tuesday, February 28, 2023 6:10 PM

To: Wesley Barker; Mary Bryant

Subject: Online Form Submittal: Advisory Board Chair Report (Complete One Per Applicant)

Advisory Board Chair Report (Complete One Per Applicant)

Advisory Board Name:	Racial Equity Commission
Chair Name	Donald Hawkins
Applicant First Name:	Donald
Applicant Last Name:	Hawkins II
1. Has the applicant previously served on this or another advisory board?	Yes
2. If yes, how many total years have they served?	2
3. Is the applicant already serving on this advisory board and seeking reappointment to their second, full term?	Yes (Skip to Last Question)
4. Is the applicant already serving on this advisory board and completed their two full terms?	Field not completed.
5. Is the applicant applying for a special or expert seat on the advisory board?	No
6. If yes, which seat?	Field not completed.
7. Did the applicant attend an advisory board meeting?	Yes
8. If applicant did not attend an advisory board meeting, did you contact them via phone or email?	Field not completed.

9. Applicant has demonstrated a clear understanding of the time commitment, roles, and responsibilities of serving on the advisory board:

Field not completed.

10. If no, briefly explain: Field not completed.

11. In addition to your comments above, please check other qualities that the applicant offers that would help the Advisory Board meet its goals for community representation. Please note that candidates who do not meet any of these qualities are still eligible for appointment. Please communicate any urgent needs and priorities for Advisory Board composition to your Town Council liaison.

Diversity, Occupation, Experience, or Special Skills

If other, please explain:

Field not completed.

Email not displaying correctly? View it in your browser.