

TOWN OF CARRBORO

Application for Membership on a Committee/Board

NAME: _____ DATE: _____
ADDRESS: _____

IS THIS ADDRESS LOCATED WITHIN THE CORPORATE LIMITS OF THE TOWN OF CARRBORO? _____

TELEPHONE: [HOME] () _____ [BUSINESS] () _____
E-MAIL ADDRESS: _____

DATE OF BIRTH _____ RACE: _____ SEX: _____
OCCUPATION _____

ARE YOU A REGISTERED ORANGE COUNTY VOTER? _____
LENGTH OF RESIDENCE IN ORANGE COUNTY _____
LENGTH OF RESIDENCE IN THE TOWN OF CARRBORO _____

I wish to be considered for appointment to the following committee/board(s):

<input type="checkbox"/> Board of Adjustment	<input type="checkbox"/> OWASA Board of Directors
<input type="checkbox"/> Animal Control Board of Appeals	<input type="checkbox"/> Orange County Economic Dev. Com.
<input type="checkbox"/> Appearance Commission/NPDC	
<input type="checkbox"/> Arts Committee	<input type="checkbox"/> Orange County Human Relations Com.
<input type="checkbox"/> Economic Sustainability Commission	<input type="checkbox"/> Personnel Advisory Committee
<input type="checkbox"/> Environmental Advisory Board	<input type="checkbox"/> Planning Board
<input type="checkbox"/> Human Services Commission	<input type="checkbox"/> Recreation & Parks Commission
<input type="checkbox"/> Greenways Commission	<input type="checkbox"/> Safe Routes to School Implementation Com.
	<input type="checkbox"/> Tourism Development Authority*
<input type="checkbox"/> Northern Transition Area Advisory Com.	<input type="checkbox"/> Transportation Advisory Board
	<input type="checkbox"/> Other _____

If you apply for membership on more than one advisory board, please indicate your preference by number, with "1" being your first choice (please limit your selection to two (2) boards). Please note that membership is limited to one advisory board at a time. You shall not be considered for appointment to another board unless you resign before filing an application or you are in the last six months of your current term.

*EMPLOYER/SELF EMPLOYED _____ *NUMBER OF YEARS EMPLOYED _____

*PROVIDE EXAMPLES OF HOW YOU ARE INVOLVED IN THE PROMOTION OF TRAVEL AND TOURISM IN THE TOWN OF CARRBORO?
(*REQUIRED ONLY FOR TOURISM DEVELOPMENT AUTHORITY APPLICATION)

COMMUNITY ACTIVITIES/ORGANIZATIONAL MEMBERSHIPS:

EXPERIENCE TO AID YOU IN WORKING ON THESE ADVISORY BOARDS

[illegible]

REASON(S) YOU WISH TO BE APPOINTED:

[illegible]

HAVE YOU EVER SERVED ON ANY TOWN OF CARRBORO COMMITTEE OR BOARD? IF YES, WHICH ONE(S) _____

ARE YOU CURRENTLY SERVING ON A TOWN BOARD OR COMMITTEE? _____ IF YES, ARE YOU APPLYING FOR A THIRD CONSECUTIVE TERM? _____ IF YES, PLEASE DESCRIBE HOW YOU MEET ONE, OR MORE, OF THE EXCEPTIONS NOTED BELOW. PLEASE USE AN ADDITIONAL PAGE IF NECESSARY TO COMPLETE.

After completing two full terms, a member must take off one year before applying for re-appointment to the 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. To provide continuity in oversight of a major, on-going project;
3. To keep a member who provides expertise otherwise unavailable on an advisory board (e.g., an engineer on the Planning Board or Board of Adjustment); or
4. A lack of qualified applicants.

RETURN THIS FORM TO: TOWN CLERK, 301 WEST MAIN STREET, CARRBORO, N.C. 27510

www.townofcarrboro.org

(Please note that this document and the information contained on it is a public record and must be provided by the town to anyone requesting a copy of it.)

