

TOWN OF CARRBORO

Advisory Board Application

FIRST NAME: _____ Last Name _____

DATE: _____

ADDRESS:

Address 2:

City: _____ State: _____ Zip: _____

Is this address located within the corporate limits of the Town of Carrboro?

Is this address located within the Town's ETJ, Planning Jurisdiction, or Northern Transition Area?

TELEPHONE: () _____

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) (Select no more than two (2)):

<input type="checkbox"/> Affordable Housing Advisory Commission	<input type="checkbox"/> Northern Transition Area Advisory Committee
<input type="checkbox"/> Appearance Commission/NPDC	<input type="checkbox"/> OWASA Board of Directors
<input type="checkbox"/> Arts Committee	<input type="checkbox"/> Planning Board
<input type="checkbox"/> Board of Adjustment	<input type="checkbox"/> Recreation & Parks Commission
<input type="checkbox"/> Economic Sustainability Commission	<input type="checkbox"/> Stormwater Advisory Commission
<input type="checkbox"/> Environmental Advisory Board	<input type="checkbox"/> Tourism Development Authority*
<input type="checkbox"/> Human Services Commission	<input type="checkbox"/> Transportation Advisory Board
<input type="checkbox"/> Greenways Commission	<input type="checkbox"/> Other:

Advisory Board Preference (if you select more than one): _____

*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

REASON(S) YOU WISH TO BE APPOINTED:

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. A lack of qualified applicants.

(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.)