

TOWN OF OAK ISLAND**Town Clerk**

4601 E. Oak Island Dr. Oak
Island, NC 28465
Telephone 910-201-8004
Istites@oakislandnc.gov
FAX (910) 278-3400

COMMITTEE APPLICATION**Board/Committee:** _____**Name:** _____ **email:** _____**Home****Address:** _____
(Street) (City) (Zip Code)**Mailing Address if different:** _____
(Street) (City) (Zip Code)**Home Phone:** _____ **Fax:** _____ **Cell:** _____ **Business:** _____**Years resident of Oak Island:** _____**Do you have a family member employed by Town of Oak Island? If yes, name:** _____**Applicant's Employer:** _____

In accordance with the Town of Oak Island Personnel Policy, a person currently employed by the agency or department for which this application is made must resign his/her position with Oak Island upon appointment. Furthermore, the applicant should have no immediate family member employed by such agency or department.

Occupation: _____**Relevant Professional Activities:** _____**Relevant Volunteer Activities:** _____**Why do you wish to serve on this board/committee?**

Conflict of Interest: *If a board member believes he/she has a conflict or potential conflict of interest on a particular issue, that member should state this belief to the other members of his/her respective board during a public meeting. The member should state the nature of the conflict, detailing that he/she has a separate, private, or monetary interest, either direct or indirect, in the issue under consideration. The member should then excuse himself/herself from voting on the matter.*

What areas of concern would you like to see addressed by this committee?**Qualifications for serving:**

Qualifications: What knowledge, skills, experience or other abilities do you have to contribute?

Other Oak Island boards/committees on which you have or are serving:**Date:** _____*Applications are kept on file for 12 months**Please use reverse side for additional comments***Signature** _____*I understand that any board or committee appointee may be removed without cause by a majority of Town Council.***Please provide references' contact information on Page 2.**

List three local personal references and phone numbers:

1. _____
2. _____
3. _____