



Town of Franklinton

Application for Appointment to Advisory Boards and Committees

The Franklinton Town Board believes that all citizens should have the opportunity to participate in governmental decisions. One way of participating is by serving as a citizen member of one of the Town's Advisory Boards or Committees. If you want to be considered for appointment, please complete this form and mail it to the Town Manager, Town of Franklinton, P O Box 309, Franklinton, NC 27525.

Please indicate your preference by numbering your choice(s) 1 through 5:

- | | |
|---|--|
| <input type="checkbox"/> ABC Board | <input type="checkbox"/> One Franklinton |
| <input type="checkbox"/> Economic Development Committee | <input type="checkbox"/> Planning Board |
| <input type="checkbox"/> Tree Committee | |

Name: _____

Gender: Male Female Birth date: _____ E-Mail: _____

Home Address: _____

Phone Numbers: _____

Do you live within the City Limits of Franklinton? (Circle one) Yes No

Do you live within the ETJ of Franklinton? (Circle one) Yes No

Current Occupation/Title: _____

Employer/Business Name: _____

Business Address and Zip: _____

Community and Civic Experience: _____

Other Town Boards or Committees currently serving on: _____

Interests/Skills/Areas of Expertise/Professional Organizations: _____

Please describe why you want to serve on a Town Board or Committee and what contribution you can make if appointed: _____

List two personal references below:

Name: _____ Daytime Telephone: _____
Address: _____ Relationship: _____
Name: _____ Daytime Telephone: _____
Address: _____ Relationship: _____

Is there any possible conflict of interest or other matter that would create problems or prevent you from fairly and impartially discharging your duties as an appointee to a Board/Committee? Yes _____ No _____
If yes, explain: _____

I understand that this application will be kept on the active file for two (2) years only, and I hereby authorize the Town of Franklinton to verify all information included in this application.

Signature of Applicant: _____ Date: _____