



Clerk's Office Use
Date Rec'd: _____
Town/ETJ: _____

## ADVISORY BOARD CANDIDATE APPLICATION

The Town of Clayton welcomes and appreciates your interest in serving the Town. This application is designed to gather information to evaluate your qualifications. Candidates may be interviewed prior to appointment.

If requesting consideration for more than one board, please submit a separate application for each board.

**CHOOSE ONE:**

- |  |  |
|--|--|
| <input type="checkbox"/> Planning Board                                  | <input type="checkbox"/> Library Advisory Board    |
| <input type="checkbox"/> Downtown Development Association Advisory Board | <input type="checkbox"/> Fire Advisory Board       |
| <input type="checkbox"/> Recreation Advisory Board                       | <input type="checkbox"/> Public Art Advisory Board |
| <input type="checkbox"/> Board of Adjustment                             |  |

**PLEASE NOTE:** In accordance with North Carolina law, this application is a public record and will be disclosed upon request without notice. If there is any information you do not want released to the public, please do not include it.

Please type or print using dark ink.

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical HOME Address: \_\_\_\_\_

Phone Number (HOME): \_\_\_\_\_ (WORK) \_\_\_\_\_

FAX Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

- Female\*                       Male\*

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

\*This information is voluntary and is requested for the sole purpose of assuring that a cross section of the community is appointed; NCGS 143-157.1

Residency within the Town limits or ETJ (extra territorial jurisdiction) is required for membership on **most** Council advisory boards.

Length of residence in Clayton: \_\_\_\_\_

Do you live in Clayton Corporate Limits:  Yes  No ETJ:  Yes  No

How did you find out about this board?

- Facebook     Website     Newspaper     Twitter
- TV     Friend     Email     Other

Outline your qualifications and why you wish to serve on the board you indicated:

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State why you believe you would be an asset to this board:

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Do you anticipate a conflict of interest if asked to serve as a member of the requested board:

- No     Yes *If Yes, please explain:*

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Please list any current or previous service to the community, civic organizations, activities and any special talents:

Boards/Civic Organization/Talents	From	To
_____	_____	_____
_____	_____	_____
_____	_____	_____

***Signature***

***Date***

- Please do not submit resumes or attachments.
- This application is a PUBLIC RECORD.
- Information contained in the application will be considered when making appointments.
- Candidates may be interviewed prior to appointment.
- If not initially appointed to serve, applications will remain active for one year from date of receipt.

Applications should be submitted to the Town Clerk in person at 111 East Second Street, by mail at Town of Clayton, PO Box 879, Clayton, NC 27528 or via email at [kmoffett@townofclaytonnc.org](mailto:kmoffett@townofclaytonnc.org)