

**NEW HANOVER COUNTY
BOARD OF COMMISSIONERS**

230 Government Center Drive, Suite 175
Wilmington, NC 28403
Telephone (910) 798-7149
FAX (910) 798-7145

**NON-COUNTY AGENCY FUNDING
COMMITTEE APPOINTMENT**



Board/Committee: _____

Desired Category: _____

Name: _____ **E-Mail:** _____

Home Address: _____
(Street) (City) (Zip Code)

Mailing Address if different: _____
(City) (Zip Code)

Home Phone: _____ **Fax:** _____ **Cell:** _____ **Business:** _____

Years living in New Hanover County: _____ **Male:** _____ **Female:** _____ **Race:** _____ **Age:** _____
(Information for the purpose of assuring a cross-section of the community)

Do you have a family member employed by New Hanover County? If yes, name _____

Employer: _____
A person currently employed by the agency or department for which this application is made, must resign his/her position with New Hanover County upon appointment, in accordance with Article VI, Section 7 of the New Hanover County Personnel Policy. Furthermore, applicant should have no immediate family member employed by such agency or department.

Occupation: _____

Please list ALL board positions and/or paid employment with non-profit agencies. Please also list other municipal or county boards/committees on which you are serving (Please use reverse side for additional comments):

Professional Activities: _____

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: _____

List three local personal references and phone numbers:

1. _____
2. _____
3. _____

Date: _____

Applications are kept on file for 18 months

Signature _____

I understand that any board or committee appointee may be removed without cause by a majority of County Commissioners.

Please use reverse side for additional comments