



**CANDIDATES REQUEST FOR APPOINTMENT  
ADVISORY BOARDS AND COMMITTEES  
TOWN OF SURF CITY**

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Are you a Town of Surf City resident, at least 18 years of age, willing to volunteer your time and expertise to your community? Please complete this application and return to:

Mail Completed  
Form: Town of Surf  
City Attn: Town Clerk  
PO Box 2475  
Surf City, NC 28445

Email completed form:  
shobbs@surfcitync.gov

Fax completed form:  
910-328-4132

Board/Committee: \_\_\_\_\_

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

Home Address: \_\_\_\_\_

TEL: \_\_\_\_\_

Business Address: \_\_\_\_\_

TEL: \_\_\_\_\_

Do you live within the Corporate limits of Surf City?  Yes  No

How long have you been a resident in Surf City? \_\_\_\_\_ Years

**Education and Employment Information**

High School: \_\_\_\_\_

Year Graduated: \_\_\_\_\_

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

Year Graduation: \_\_\_\_\_

Major: \_\_\_\_\_

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

Title/Position: \_\_\_\_\_

Duties: \_\_\_\_\_

## General Information

Current membership in organizations and offices held:

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Past organizational membership and offices held:

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Do you anticipate a conflict of interest by serving as a member of a Board or Committee? \_\_\_\_\_

If yes, explain:

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Do you possess subject matter education, training, and/or experience for the Board or Committee for which you are applying? If yes, explain below

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If no, state reasons why you feel qualified for this appointment.

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NOTE:

This information will be used by the Town Council in making appointments to Boards and Committees. In the event you are appointed, some information may be used as a news release to identify you to the community.

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NAME

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DATE