



Town of East Spencer
105 S. Long St.
East Spencer, NC 28039
704-636-7111

www.townofeastspencer.org

TOWN BOARD AND COMMITTEES APPLICATION

APPLICANT INFORMATION

Name of Applicant: _____

Mailing Address: _____

Telephone: _____ Email: _____

BOARD AND COMMITTEE MEMBERS MUST RESIDE IN THE TOWN OF EAST SPENCER OR THE EXTRA-TERRITORIAL JURISDICTION (ETJ).

1. To which Board/Committee are you applying for? _____
2. If applicable, are you seeking a: Full Member position ____ Alternate/Associate position ____
3. If you are not appointed to this Board/Committee, please indicate any other Board/Committee[s] for which you are willing to be considered: _____
4. Town Charter provisions require that all regular and alternate members of Boards and Committees shall be qualified electors of the Town of East Spencer. Are you a East Spencer resident? Yes ____ No ____
5. Have you been asked by a Board/Committee to become a member? Yes ____ No ____ If yes, by whom?:

6. How did you hear about this Board/Committee?

7. Why are you seeking an appointment with this Board/Committee?

8. What is your experience or knowledge regarding the duties of this Board/Committee?



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9. Please list any education, experience, professional achievement, previous occupation, skills, or special interests you may have that will assist you with this Board/Committee.

10. How many times have you attended a meeting of the Board/Committee to which you would like to be appointed? _____

11. Would there be a possible conflict of interest if you were appointed to this Board/Committee?
Yes _____ No _____ If yes, please explain:

12. Have you ever had business before the Board/Committee to which you are requesting an appointment? Yes _____ No _____ If yes, please describe:

The application will be released to the public upon request.

Applicant Signature _____

Date _____

Town of East Spencer Staff Signature _____

Date _____



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CERTIFICATION OF APPLICANT

I CERTIFY ON THIS DATE _____ THAT ALL THE INFORMATION PRESENTED IN THE APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF. THE APPLICATION IS ACTIVE FOR ONE (1) YEAR FROM THE TIME OF SUBMISSION.

APPLICANT SIGNATURE _____

DATE _____

Staff Use Only

Submittal Date: _____

Received By: _____

PLEASE KEEP A COPY FOR YOUR RECORDS