

APPLICATION FOR APPOINTMENT TO A BOARD, COMMISSION, TASK FORCE,
ADVISORY BODY OR COMMITTEE
TOWN OF BOONE

FULL NAME: _____
 Title First Middle Initial Last
 (Mr./Ms./Ms./Dr., etc.)

GENDER: _____

HOME ADDRESS: _____

PREFERRED CONTACT ADDRESS (if different from home address):

EMAIL ADDRESS: _____

TELEPHONE: day: _____; evening _____

JURISDICTION OF RESIDENCE: _____ Town of Boone
 _____ Extra Territorial Jurisdiction (ETJ)
 _____ Watauga County outside Town and ETJ
 _____ Other (please identify):

HOW LONG HAVE YOU BEEN A RESIDENT OF THE ABOVE JURISDICTION: _____

DO YOU OWN REAL PROPERTY (land) IN THE TOWN OF BOONE: _____

DO YOU OWN REAL PROPERTY IN THE ETJ: _____

NAME OF BOARD, COMMISSION, TASK FORCE, ADVISORY BODY OR COMMITTEE
APPOINTMENT SOUGHT (list one only):

WHY DO YOU WISH TO OBTAIN THIS APPOINTMENT?

ARE YOU FAMILIAR WITH THE TOWN'S 2006 COMPREHENSIVE PLAN? (It can be
accessed at <http://www.townofboone.net/departments/development/pdfs/Comp.pdf>):

RATE YOUR SUPPORT FOR THE 2006 COMPREHENSIVE PLAN (with "1" signifying no
support and "10" signifying great support):

1 2 3 4 5 6 7 8 9 10

PLEASE EXPLAIN YOUR LEVEL OF SUPPORT FOR THE COMPREHENSIVE PLAN:

WHAT SKILLS, EDUCATION, TRAINING, EXPERIENCE OR AREA(S) OF EXPERTISE WOULD YOU BRING TO THIS APPOINTMENT? _____

HAVE YOU HAD ISSUES WITH THE TOWN OF BOONE WHICH RELATE TO THE WORK OF THE BODY TO WHICH YOU SEEK APPOINTMENT? IF YES, PLEASE EXPLAIN: _____

DO YOU HAVE ANY KNOWN OR POTENTIAL CONFLICTS OF INTEREST (INCLUDING MEMBERSHIP IN ANY ORGANIZATION, YOUR EMPLOYMENT, AND THE MEMBERSHIPS AND EMPLOYMENT OF ANY FAMILY MEMBER) THAT MIGHT ARISE IF YOU ARE APPOINTED? IF YES, PLEASE EXPLAIN: _____

HAVE YOU EVER BEFORE SERVED ON ANY TOWN BOARD, COMMISSION, TASK FORCE, ADVISORY BODY OR COMMITTEE. IF SO, PLEASE STATE THE NAME OF THE BOARD, COMMISSION, TASK FORCE, ADVISORY BODY OR COMMITTEE, AND THE APPROXIMATE DATES OF SERVICE: _____

IF YOU HAVE PREVIOUSLY SERVED ON A TOWN BOARD, COMMISSION, TASK FORCE, ADVISORY BODY OR COMMITTEE, PLEASE EXPLAIN THE QUALITY OF YOUR EXPERIENCE: _____

I hereby certify that the foregoing answers are true, and that should I be appointed to the board, commission, task force, advisory body or committee, and should a conflict of interest exist or develop with regard to a specific matter, I will disclose the conflict of interest and recuse myself from the deliberations and action involved. Conflicts of interest include, but are not limited to: a direct or indirect financial interest by myself or a member of my family, and other interest which impairs my ability to participate fairly in the deliberations and actions in question.

Signature

Date