

APPLICATION FOR ADVISORY BOARDS AND COMMITTEES

Please note that this application and any attached materials are considered public records and as such are subject to request and review.

CHECK THE ADVISORY BOARD(S)/COMMITTEE(S) ON WHICH YOU ARE INTERESTED IN SERVING:

- | | |
|--|--|
| <input type="checkbox"/> Appearance/Tree Committee* | <input type="checkbox"/> Environmental Advisory Committee* |
| <input type="checkbox"/> Board of Adjustment* | <input type="checkbox"/> Historic Preservation Advisory Committee |
| <input type="checkbox"/> Committee on Education * ¥ | <input type="checkbox"/> Parks, Recreation and Cultural Resource Advisory Committee* |
| <input type="checkbox"/> Cultural Diversity Council | <input type="checkbox"/> Planning Board* |
| <input type="checkbox"/> Economic Development Advisory Comm. | <input type="checkbox"/> Transportation Advisory Committee* <input type="checkbox"/> Veterans Advisory Committee |
- *requires Matthews residency ¥requires resume with submission of application

APPLICANT INFORMATION (attach additional pages as necessary)

NAME: _____

HOME ADDRESS: _____

PRIMARY PHONE NUMBER: _____ home mobile business

EMAIL ADDRESS: _____

OCCUPATION: _____

BUSINESS ADDRESS: _____

BUSINESS EMAIL: _____ BUSINESS PHONE: _____

REASON(S) FOR WISHING TO SERVE ON THIS/THESE BOARD(S): _____

NUMBER OF HOURS AVAILABLE PER MONTH FOR THIS SERVICE: _____

EDUCATION: _____

BUSINESS AND CIVIC EXPERIENCE/SKILLS: _____

AREAS OF EXPERTISE/INTEREST/SPECIAL SKILLS: _____

SIGNATURE: _____ DATE: _____

I understand that this application will be kept in active status for one year from date of application.

Return to Town Clerk Lori Canapinno: icanapinno@matthewsnc.gov • (p) 704-708-1222 (f) 704-845-1964

RECEIVED _____

EXPIRES _____

APPOINTED _____