

## APPLICATION FOR ADVISORY BOARDS AND COMMITTEES

The Board of Commissioners of the Town of Matthews sincerely appreciates the interest of all citizens in the Town wishing to serve on advisory committees and urges the public to nominate qualified persons for these positions.

### 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

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### APPLICANT INFORMATION (attach additional information as desired)

NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

PRIMARY PHONE NUMBER: \_\_\_\_\_  home  mobile  business

EMAIL ADDRESS: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

BUSINESS EMAIL: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

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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](mailto:icanapinno@matthewsnc.gov) • (p) 704-708-1222 (f) 704-845-1964

RECEIVED \_\_\_\_\_

EXPIRES \_\_\_\_\_

APPOINTED \_\_\_\_\_