

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 publication and public request/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 Committee | <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 €meets irregularly/only as-needed

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 _____