

**TOWN OF OAK ISLAND**

**Town Clerk**

4601 E. Oak Island Dr. Oak  
Island, NC 28465  
Telephone 910-201-8004  
Istites@oakislandnc.gov  
FAX (910) 278-3400

**COMMITTEE APPLICATION**



**Board/Committee:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **email:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_  
(Street) (City) (Zip Code)

**Mailing Address if different:** \_\_\_\_\_  
(Street) (City) (Zip Code)

**Home Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **Business:** \_\_\_\_\_

**Years resident of Oak Island:** \_\_\_\_\_

**Do you have a family member employed by Town of Oak Island? If yes, name:** \_\_\_\_\_

**Applicant's Employer:** \_\_\_\_\_

*In accordance with the Town of Oak Island Personnel Policy, a person currently employed by the agency or department for which this application is made must resign his/her position with Oak Island upon appointment. Furthermore, the applicant should have no immediate family member employed by such agency or department.*

**Occupation:** \_\_\_\_\_

**Relevant Professional Activities:** \_\_\_\_\_

**Relevant Volunteer Activities:** \_\_\_\_\_

**Why do you wish to serve on this board/committee?**

*Conflict of Interest: If a board member believes he/she has a conflict or potential conflict of interest on a particular issue, that member should state this belief to the other members of his/her respective board during a public meeting. The member should state the nature of the conflict, detailing that he/she has a separate, private, or monetary interest, either direct or indirect, in the issue under consideration. The member should then excuse himself/herself from voting on the matter.*

**What areas of concern would you like to see addressed by this committee?**

**Qualifications for serving:**

*Qualifications: What knowledge, skills, experience or other abilities do you have to contribute?*

**Other Oak Island boards/committees on which you have or are serving:**

**Date:** \_\_\_\_\_

**Signature** \_\_\_\_\_

*Applications are kept on file for 12 months*

*I understand that any board or committee appointee may be removed without cause by a majority of Town Council.*

*Please use reverse side for additional comments*

**Please provide references' contact information on Page 2.**

**List three personal references and phone numbers:**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_