



CITY OF SALISBURY

APPLICATION FOR BOARDS AND COMMISSIONS

If you are a resident of the City of Salisbury, at least 18 years old, and willing to volunteer your time and expertise to your community, please complete this application and return to:

City Clerk's Office
PO Box 479
Salisbury, NC 28145
Phone (704) 638-5224 · Fax (704) 638-8499

Name: _____

Home Address: _____

City: _____ Zip Code: _____

Phone: (Home) _____ (Business) _____

Fax: _____ Email: _____

Place of Employment: _____ Occupation: _____

Do you reside within the City limits of Salisbury?

Yes _____ No _____

Are you within the City's Extraterritorial Jurisdiction (ETJ) area? Yes _____ No _____

Please indicate your preferences (first choice being 1):

_____ Alternate Methods of Design Commission

_____ Community Appearance Commission

_____ Greenway Committee
(No Requirement of Residency)

_____ Historic Preservation Commission

_____ Housing Advocacy Commission

_____ Human Relations Council

_____ Hurley Park Advisory Board

_____ Parks & Recreation Advisory Board

_____ Planning Board

_____ Tree Board

_____ Tourism Development Authority
(No Requirement of Residency)

_____ Transportation Advisory Board
(No Requirement of Residency)

_____ Zoning Board of Adjustment

_____ Comprehensive Plan Steering Committee

Have you served on a board or commission of the City of Salisbury? Yes _____ No _____

If yes, please list board or commission and date: _____

Why are you interested in serving on the Board or Commission for which you are applying?

Interest/Skills/Education/Areas of Expertise/Professional Organizations that you feel would be of assistance to you in your duties as a member of the Board or Commission:

AFFIRMATION OF ELIGIBILITY:

Has any formal charge of professional misconduct ever been sustained against you in any jurisdiction?

Yes ___ No ___ If yes, explain complete disposition: _____

Is there any possible conflict of interest or other matter that would create problems or prevent you from fairly and impartially discharging your duties as an appointee of the Salisbury City Council?

Yes ___ No ___ If yes, explain conflict: _____

I certify that the facts contained in this application are true and correct to the best of my knowledge. I understand and agree that any misstatement will be cause for my removal from any board or commission.

Serving on one of the City of Salisbury's Boards and Commissions requires a commitment of time. Members are expected to attend the regularly scheduled Board or Commission meetings. Please give careful consideration to the meeting schedules to determine which Board or Commission may best suit your schedule and abilities.

RETURN COMPLETED FORM TO:

Myra Heard
City Clerk's Office
PO Box 479
Salisbury, NC 28145
704-638-5224
704-638-8499 Fax
mhear@salisburync.gov

Signature: _____

Date: _____

Applications will remain active for one year from date of receipt.

Print