

TOWN OF BELVILLE

APPLICATION FOR APPOINTMENT TO BOARD OR COMMISSION

Request for appointment to:
Name:
Street Address:
Mailing Address
City/State/Zip Code:
Telephone: Home ()
Email Address (if any):
How long have you lived in the Belville Area?
Volunteer Activities:
Why do you wish to serve on the Board or Commission?
What do you feel are your qualifications for serving on the Board or Commission?
what do you reer are your quantications for serving on the Board of Commission.
What areas of concern would you like to see the Board or Commission address?
what areas of concern would you like to see the Board of Commission address:
Are you currently serving on another board or committee appointed by a municipality or
county?No If so, please list:



TOWN OF BELVILLE

APPLICATION FOR APPOINTMENT TO BOARD OR COMMISSION

Please list five (5) references (excluding current Town Staff, Commissioners or Board Members) from previous public or civic activities (if any):

,	1 1		
Contact name	Address		Phone
Signature:		_Date: _	
Please note: Applica	tion will not be accepted without referen	ices.	
Please return to:	Town Clerk Town of Belville 63 River Road Belville, NC 28451		
	Ph: (910) 371-2456 Fax (910) 371-2474		