

# TOWN OF OAK RIDGE

## VOLUNTEER APPLICATION FOR BOARD OR COMMISSION



Please return your completed application to the Town Clerk by hand to the Town Hall at 8315 Linville Road, by mail to P.O. Box 374 Oak Ridge, NC 27310, or by email to [ssmith@oakridgenc.com](mailto:ssmith@oakridgenc.com). Please call Town Hall at (336) 644-7009 with any questions regarding board/committee service or your application.

Please note that Town of Oak Ridge Volunteer Applications are Public Record according to North Carolina law and can be shown to third parties without notice.

### Please Print Clearly

(1) Name: \_\_\_\_\_ Date \_\_\_\_\_

(2) Address: \_\_\_\_\_

(3) Email Address: \_\_\_\_\_

(4) Phone Number(s): \_\_\_\_\_

(5) Please indicate on which board you would like to serve by selecting from the following options. For more information, please visit [www.oakridge.com](http://www.oakridge.com) and click Board & Committees.

- Board of Adjustment:
- Finance Committee:
- Historic Preservation Commission:
- Mountains-to-Sea Trail Committee:
- Parks & Recreation Advisory Board:
- Planning & Zoning Board:
- Special Events Committee:
- Tree Board:
- Water Advisory Board:

(6) Where do you reside:

Incorporated Oak Ridge:  For \_\_\_\_\_ Years

Oak Ridge ETJ:  For \_\_\_\_\_ Years

(7) Are you currently serving on a Town of Oak Ridge board or committee? Yes  No

If Yes, which one: \_\_\_\_\_

(8) Have you previously served on a Town board of committee? Yes  No   
If Yes, did you complete the term for which you were appointed? Yes  No   
If No, Please explain: \_\_\_\_\_

(9) Where are you currently employed? \_\_\_\_\_  
Current Position or Job Title: \_\_\_\_\_  
Brief Description of Job Duties: \_\_\_\_\_  
\_\_\_\_\_

(10) Please list any volunteer, professional or civic activities in which you participate:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(11) Any additional information or comments relating to your ability or desire to serve on a Town of Oak Ridge board or committee (feel free to attach a resume for additional information):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(12) How did you learn about this volunteer opportunity? \_\_\_\_\_

(13) For purposes of reporting to the NC Department of the Secretary of State (as required by G.S. 143-157.1), are you: Female:  or Male:

This application will stay on file for 6 months. If not appointed during this time frame, it will be discarded without notice.

<b><i>For Internal Use Only</i></b>			
<b>Date Received:</b> _____	<b>Residence:</b> Incorporated _____	<b>ETJ</b> _____	
<b>Appointed by Council:</b> Yes _____ No _____	<b>Date:</b> _____		
<b>Term of Office:</b> _____ Years	<b>Expiration Date:</b> _____		
<b>Seat #:</b> _____	<b>on</b> _____	<b>(Board, Committee, Commission)</b>	
<b>Notes:</b> _____			
_____			