

# TOWN OF OAK RIDGE

## VOLUNTEER APPLICATION FOR BOARD OR COMMISSION



Please return your completed application to the Town Clerk by hand 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 (336) 644-7009 with any questions regarding 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 Type or 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. Please visit [www.oakridge.com](http://www.oakridge.com) for more information and click Board & Committees.

Beautification Committee:

Board of Adjustment:

Finance Committee:

Historic Preservation Commission:

Parks & Recreation Advisory Board:

Planning & Zoning Board:

Water Committee:

(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 Advisory Board? Yes No

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

(8) Have you previously served on a Town of Oak Ridge Advisory Board? 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 Advisory Board (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 two years, if not appointed during this time frame; this application will be discarded without notice

**For Internal Use Only**

**Residence: Incorporated ETJ**

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

**Board Interview: Date: \_\_\_\_\_**

**Nominated: Yes No**

**Appointed: Yes No Date: \_\_\_\_\_**

**Term of Office: (3) Years.**

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

**Seat #: \_\_\_\_\_ on \_\_\_\_\_ (Board, Committee, Commission)**