

APPLICATION FOR STUDENT APPOINTMENT TO A BOARD, COMMISSION, TASK
FORCE, ADVISORY BODY OR COMMITTEE
TOWN OF BOONE

FULL NAME: _____
Title First Middle Initial Last

CURRENT ADDRESS: _____

PREFERRED CONTACT ADDRESS (if different from home address): _____

EMAIL ADDRESS: _____

TELEPHONE: Day: _____ Evening: _____

JURISDICTION OF CURRENT RESIDENCE: _____ Town of Boone (inside Town limits)
_____ Watauga County
_____ Other (please identify):

HOW LONG HAVE YOU LIVED AT YOUR CURRENT RESIDENCE? _____

WHAT IS YOUR EXPECTED GRADUATION DATE? _____

NAME OF BOARD, COMMISSION, TASK FORCE, ADVISORY BODY OR COMMITTEE
APPOINTMENT SOUGHT (list one only): _____

WHY DO YOU WISH TO OBTAIN THIS APPOINTMENT? _____

WHAT SKILLS, EDUCATION, TRAINING, EXPERIENCE OR AREA(S) OF EXPERTISE
WOULD YOU BRING TO THIS APPOINTMENT? _____

I hereby certify that the foregoing answers are true, and that should I be appointed to the board, commission, task force, advisory body or committee, and should a conflict of interest exist or develop with regard to a specific matter, I will disclose the conflict of interest and recuse myself from the deliberations and action involved. Conflicts of interest include, but are not limited to: a direct or indirect financial interest by myself or a member of my family, and other interest which impairs my ability to participate fairly in the deliberations and actions in question.

Signature

Date