

Office Use Only  
DATE RECEIVED:

## Application for Appointment to Cabarrus County Advisory Boards and Committees

The Cabarrus County Board of Commissioners believes that all citizens should have the opportunity to participate in governmental decisions. One way of participating is by serving as a citizen member of one of the County's various advisory boards. If you wish to be considered for appointment to an advisory board, please complete the information below and return it to the CLERK TO THE BOARD OF COMMISSIONERS, P. O. BOX 707, CONCORD, NC 28026-0707, Fax (704) 920-2820. For more information about the various boards, you may contact the Clerk at (704) 920-2110.

Advisory Board(s) / Committee(s) Interested In: (Please list in order of preference)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

XXXXXXXXXXXXXXXXXX

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

City / State / ZIP: \_\_\_\_\_

Resident of Cabarrus County:  Yes  No

Please circle the Township in which you live:

Central Cabarrus (11)

Gold Hill (7)

Midland (10)

Odell (3)

Concord (12)

Harrisburg (1)

Mt. Pleasant (8)

Poplar Tent (2)

Georgeville (9)

Kannapolis (4)

New Gilead (5)

Rimertown (6)

Telephone: Home: \_\_\_\_\_

Work: \_\_\_\_\_

Occupation: \_\_\_\_\_

Business Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

N. C. Driver's License No. \_\_\_\_\_

Age (optional): \_\_\_\_\_

Number hours available per month for this position: \_\_\_\_\_

Best time of day/or days available: \_\_\_\_\_

Educational Background: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Business and Civic Experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Areas of Interest / Skills: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other County Boards / Committees / Commissions presently serving on: \_\_\_\_\_  
\_\_\_\_\_ Term Expiration Date: \_\_\_\_\_

Have you ever been charged with and / or convicted of a criminal offense? \_\_\_\_\_ If so, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**References**

List three persons who are not related to you and who have definite knowledge of your qualifications and fitness for the position for which you are applying.

Name	Business / Occupation	Address	Telephone

I understand that this application will be kept on active file for two years and I hereby authorize Cabarrus County to verify all information included in this application. I further understand this application is subject to the N. C. Public Records Law (NCGS 132-1) and may be released upon request. Meetings of the appointed boards and committees are subject to the N. C. Open Meetings Law (NCGS 143-318.10).

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of the Applicant