



Board, Committee, and Commission Application

Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_
Last First M.I.

Address: \_\_\_\_\_
Street Address Apartment/Unit #
City State ZIP Code

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Board Applied for: \_\_\_\_\_

Second Choice: \_\_\_\_\_

Do you reside in Hope Mills? YES NO Are you currently serving in an appointed role? YES NO

Have you ever previously served on a Board? YES NO If yes to either of the last two questions, what board and when?

Age: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Gender: \_\_\_\_\_
(for reporting to the Secretary of State)

Do you have a contract with the Town?
If yes, explain: \_\_\_\_\_

Community Leadership Training

Have you completed any leadership training? (please indicate below)

Hope Mills Citizens Academy: \_\_\_\_\_

Year: \_\_\_\_\_ Did you complete? YES NO

Other: \_\_\_\_\_ Location: \_\_\_\_\_

Year: \_\_\_\_\_ Did you complete? YES NO



Do you have any experience or education in Historic Preservation?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you have any experience or education as a realtor, developer or general contractor?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you a historic district property owner?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you have a degree in history or a related field?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Other special experience or education not listed?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Please describe:

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### Conflict of Interest

*Due to your financial interests, property ownership and/or other matters, personal conflicts of interest may arise during your appointment term. How would you handle a personal conflict of interest?*

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### Acknowledgement and Certification

*I affirm that I understand this application may be considered a public record and as such, portions may be subject to release under North Carolina General Statute Chapter 132, Public Records. I certify that the facts contained in this application are true and correct to the best of my knowledge and that I understand applicants must reside inside the Hope Mills Town limits.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 (signature may be written or electronic)

For Office Use Only: \_\_\_\_\_ Confirmed address in Town Limits \_\_\_\_\_  
 Appointed to \_\_\_\_\_  
 Date: \_\_\_\_\_ Term Expires: \_\_\_\_\_