



**APPLICATION FOR APPOINTMENT TO:**

\_\_\_\_\_ **Board or Commission Name**

**NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_ **PHONE:** \_\_\_\_\_

**EMPLOYER:** \_\_\_\_\_

**BUSINESS ADDRESS:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**NOMINATED BY:** \_\_\_\_\_

**COUNTY BOARDS OR COMMITTEES PRESENTLY SERVING ON:**

\_\_\_\_\_  
\_\_\_\_\_

**BUSINESS AND CIVIC EXPERIENCE:**

\_\_\_\_\_  
\_\_\_\_\_

**PLEASE STATE REASON(S) WHY YOU WOULD LIKE TO SERVE ON THIS BOARD/COMMITTEE:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*For the purpose of diversity and balance on the County's Boards and Commissions, please complete the following:*

Race \_\_\_\_\_ Sex \_\_\_\_\_ I am a resident of the City \_\_\_\_\_  
I am a resident of the County from the: North \_\_\_\_\_ South \_\_\_\_\_ East \_\_\_\_\_ West \_\_\_\_\_  
I have been a resident of Haywood County for \_\_\_\_\_ years.

**Return this form to:**  
**Clerk to the Board of Commissioners**  
**215 N. Main Street**  
**Waynesville, NC 28786**  
**Phone (828) 452-6625 FAX (828) 452-6715**

\_\_\_\_\_  
**Signature of Applicant**  
*I understand that this application will be kept on active file for one year only.*

*Haywood County does not discriminate on the basis of race, color, religion, sex, age, national origin, handicap, or disability in admission or access to or treatment or employment, in its services, programs, and activities in compliance with applicable federal and state laws.*

**FOR OFFICE USE ONLY**

Appointed: _____	Appointed: _____	Appointed: _____
Term: _____	Term: _____	Term: _____
Beginning: _____	Beginning: _____	Beginning: _____
Expiring: _____	Expiring: _____	Expiring: _____