



APPLICATION FOR APPOINTMENT TO:

RECEIVED MAR 09 2016

Adult Care Homes Community Advisory Committee for
Board or Commission Name

Long Term Care

NAME: Christine Gibson DATE: 3/9/16
HOME ADDRESS: 419 Utah Mountain Rd cell
Waynesville, NC 28785 PHONE: 734-3521
EMPLOYER: 30th Judicial District DV-SA Alliance
BUSINESS ADDRESS: PO Box 554, Waynesville NC 28786 PHONE: Office/work 452-2122
NOMINATED BY:

COUNTY BOARDS OR COMMITTEES PRESENTLY SERVING ON:

BUSINESS AND CIVIC EXPERIENCE: Currently employed as: Finance Coordinator/Disability & Elder SAFE Coordinator. Also serve as Secretary for the Haywood County Domestic Violence Task Force, Chair person for Cub Scout Pack 306, Treasurer for Haywood County Wrestling Club.

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 W Sex F 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 13 years.

Central?
Jonathan Creek
Community

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

Christine Gibson
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: _____