



**TOWN OF BLOWING ROCK**

**APPLICATION FOR APPOINTMENT TO A VOLUNTEER BOARD**

FULL NAME:

\_\_\_\_\_

HOME ADDRESS:

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

PREFERRED CONTACT ADDRESS (if different from home address):

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

EMAIL ADDRESS:

\_\_\_\_\_

TELEPHONE: day: \_\_\_\_\_ evening: \_\_\_\_\_

BOTH THE PLANNING AND BOARD OF ADJUSTMENT HAVE ONE MEMBER WHO RESIDES IN THE ETJ.

FULL-TIME RESIDENT OF THE TOWN OF BLOWING ROCK: \_\_\_ YES \_\_\_ NO

FULL-TIME RESIDENT OF THE TOWN OF BLOWING ROCK ETJ: \_\_\_ YES \_\_\_ NO

HOW LONG HAVE YOU BEEN A RESIDENT OF BLOWING ROCK? \_\_\_\_\_

NAME OF VOLUNTEER BOARD FOR WHICH APPOINTMENT IS SOUGHT (list one only):

\_\_\_\_\_

WHY DO YOU WISH TO OBTAIN THIS APPOINTMENT?

---

---

---

---

ARE YOU FAMILIAR WITH THE TOWN'S COMPHENSIVE LAND USE PLAN? (It can be accessed at: [Town of Blowing Rock 2014 Comprehensive Plan](#))

\_\_\_\_\_Yes    \_\_\_\_\_No

RATE YOUR SUPPORT FOR THE VISION STATEMENT (on page 1-3 of The 2014 Comprehensive Plan) AND COMPREHENSIVE LAND USE PLAN (using a scale of 1 to 10. "1" signifying no support and "10" signifying great support): \_\_\_\_\_

PLEASE EXPLAIN YOUR LEVEL OF SUPPORT FOR THE COMPREHENSIVE PLAN:

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

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

---

---

---

---

---

---

---

---

HAVE YOU HAD ISSUES WITH THE TOWN OF BLOWING ROCK WHICH RELATE TO THE WORK OF THE BODY TO WHICH YOU SEEK APPOINTMENT? IF YES, PLEASE EXPLAIN:

---

---

---

---

DO YOU HAVE ANY KNOWN CONFLICTS OF INTEREST THAT MIGHT ARISE IF YOU ARE APPOINTED? IF YES, PLEASE EXPLAIN:

---

---

---

HAVE YOU EVER SERVED ON ANY OTHER TOWN'S BOARD, COMMISSION, TASK FORCE, ADVISORY BODY OR COMMITTEE? IF SO, PLEASE STATE THE NAME OF THE TOWN OR ENTITY IN WHICH YOU SERVED, AND THE BOARD, COMMISSION, TASK FORCE, ADVISORY BODY OR COMMITTEE, AND THE APPROXIMATE DATES OF SERVICE:

---

---

---

IF YOU HAVE PREVIOUSLY SERVED ON A COUNTY OR TOWN BOARD, COMMISSION, TASK FORCE, ADVISORY BODY OR COMMITTEE, PLEASE EXPLAIN THE QUALITY OF YOUR EXPERIENCE:

---

---

---

---

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

Signature \_\_\_\_\_ Date \_\_\_\_\_