

# TOWN OF MILLS RIVER

## Board, Commissions, and/or Committees Application

FOR OFFICE USE ONLY	
Date Received	District

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

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

Phone number: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Current Employer \_\_\_\_\_

Job Title: \_\_\_\_\_ Years in Current Position \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Fax \_\_\_\_\_

Duties \_\_\_\_\_

Other associated employment history \_\_\_\_\_

Do you reside within the town limits of Mills River? (Yes or No) \_\_\_\_\_ Length of Residency \_\_\_\_\_

Do you reside within the Mills River Fire District? (Yes or No) \_\_\_\_\_ Length of Residency \_\_\_\_\_

*In order to consider this application and provide some balance to this board, the following personal information is requested.*

Year of Birth \_\_\_\_\_ Gender \_\_\_\_\_

Board/commission/committee applying for (only one per form) \_\_\_\_\_

Why do you want to serve on this Board/Commission/Committee? \_\_\_\_\_

Why do you think you would be an asset to this Board/Commission/Committee? \_\_\_\_\_

Are you presently serving on another Board/Commission/Committee for Mills River? \_\_\_\_\_

Interests/ Skills/ Areas of Expertise: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Affirmation of Eligibility**

Has any formal charge of professional misconduct, criminal misdemeanor or felony ever been filed against you in any jurisdiction? (Yes or No) \_\_\_\_\_ If yes, please explain disposition: \_\_\_\_\_

Are there any conflict of interest or other matter(s) that would create problems or prevent you from fairly and impartially discharging your duties as an appointee of the Town Council? (Yes or No) \_\_\_\_\_  
If yes please explain \_\_\_\_\_

Are you currently serving on any Board /Commission/Committee or similar group in another municipality or County? (Yes or No) \_\_\_\_\_

Local Government \_\_\_\_\_ Board/Commission/Committee \_\_\_\_\_

**The Town of Mills River is an equal opportunity provider.**

“The following information is requested by the Federal Government in order to monitor compliance with Federal laws prohibiting discrimination against applicants seeking to participate in the program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it we are required to note the racial/national origin of individual applicants on the basis of visual observation or surname. Information for both ethnicity and race will need to be completed.”

\_\_\_\_\_ I do not wish to furnish this information.

**ETHNICITY**

\_\_\_\_\_ Hispanic or Latino                      \_\_\_\_\_ Not Hispanic or Latino

**RACE**

\_\_\_\_\_ American Indian or Alaska Native    \_\_\_\_\_ Black or African American

\_\_\_\_\_ White    \_\_\_\_\_ Asian

\_\_\_\_\_ Native Hawaiian or Other Pacific Islander

*I understand this application is public record and I certify that the facts contained in this application are true and correct to the best of my knowledge. I authorize and consent to any background checks and to the investigation and verification of all statements contained herein as deemed appropriate, I further authorize all information concerning my qualifications to be investigated and release all parties from all liability for any damages that may result from this investigation. I understand and agree that any misstatement may be cause for my removal from any Board/Commission/Committee.*

*I understand regular attendance to any Board/Commission/Committee is important and, accordingly, I further understand that if my attendance is less than the standards established for any such body that this is cause for removal. Lacking any written standards for attendance by any Board/Commission/Committee it is expected that I will attend at least 75% of all meetings during any one calendar year to maintain my seat on any Board/Commission/Committee to which I may be appointed. This form will remain on file in the Office of the Town Clerk and requests for updates will be sought prior to any consideration for reappointment (or future appointment) to any Board/Commission/Committee.*

*If you accept an appointment to a Board/Commission/Committee or similar group in another municipality or County, you must immediately notify the Town Clerk in writing. The Mills River Town Council reserves the right to review whether there would be a conflict of interest and upon written notice remove you.*

*I understand that my application will remain on file for two (2) years from the date of the application unless I am appointed to a Board/Commission/Committee within that time frame. If appointed to a Board/Commission/Committee within two (2) years of the application date, my application will be withdrawn from consideration from any other Board/Commission/Committee unless new application is made.*

<b>NOTICE:</b> The Town of Mills River reserves the right to refuse consideration of any application that is not completed in full.
---

Signature: \_\_\_\_\_

Date \_\_\_\_\_

**Return completed form to:**

Town of Mills River  
Attn: Town Clerk  
124 Town Center Drive  
Mills River, N.C. 28759  
Phone: 890-2901  
[susan.powell@millsriver.org](mailto:susan.powell@millsriver.org)