ADVISORY BOARD CANDIDATE APPLICATION

The Town of Lillington welcomes and appreciates your interest in serving the Town. This application is designed to gather information to evaluate your qualifications. Candidates may be interviewed prior to appointment.

Applicant Information

Applicant Name: _____ Date: _____

Mailing Address: _____

Physical Address: _____

Home Phone: _____ Work/Cell Phone: _____

Email Address: _____

Employer: _____ Occupation: _____

Advisory Boards and Committees

Please indicate your choices, by number, in order of preference (first choice being "1"). Choose no more than three.

____ Planning Board

____ Recreation Board

____ Board of Alcoholic Control

____ Senior Citizens Advisory Board

____ Museum Committee

____ Botanical Trail Advisory Board

Residency within the Town limits or ETJ (extra territorial jurisdiction) is required for membership on most advisory boards and committees.

Do you live in Lillington Town limits: ____ Yes ____ No ETJ: ____ Yes ____ No

Length of residence in Lillington: _____

How did you find out about this board or committee?

_____ Facebook
_____ Website
_____ Newspaper
_____ Email
_____ Other (please describe) _____

Please describe your qualifications and why you wish to serve the board/committee you indicated:

_____
_____
_____
_____

How would you be an asset to this board or committee?

_____
_____
_____
_____

Other Service to the Community (Civic Clubs, Activities, etc.)

Boards/Committees/Civic	From	To
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

_____ _____
Signature Date

- Please do not submit resumes or attachments.
- This application is **public record.**
- Information in this application will be considered in making applications.
- If not initially appointed to serve, this application will remain active until August 1 of the following year.

Applications are to be returned to the Town Clerk in person (102 E Front Street), by mail (P.O. Box 296, Lillington, NC 27546), or by email (lblucas@lillingtonnc.org).