



## ADVISORY BOARD/COMMITTEE APPLICATION

**Please indicate your preference of the advisory boards/committees you would like to serve on by number (first choice being “1”) and choose no more than three.**

- |   |   |
|---|---|
| <input type="checkbox"/> Dunn Alcoholic Beverage Control        | <input type="checkbox"/> Dunn Planning Board            |
| <input type="checkbox"/> Dunn Library Board of Trustees         | <input type="checkbox"/> Dunn Board of Adjustment       |
| <input type="checkbox"/> Dunn Parks & Recreation Advisory Board | <input type="checkbox"/> Dunn Housing Authority         |
| <input type="checkbox"/> Cemetery Advisory Board                | <input type="checkbox"/> Community Appearance Committee |

**Members of the City of Dunn Boards, Commissions and Committees shall serve without compensation unless otherwise approved by the City Council.**

Applicant Name \_\_\_\_\_

Date of Application: \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address: \_\_\_\_\_  
*Street Address, City, Zip Code*

Mailing Address: \_\_\_\_\_  
*Street Address, City, Zip Code*

Primary Phone: \_\_\_\_\_ Business/Other Phone: \_\_\_\_\_

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

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Male:  Female:

Occupation: \_\_\_\_\_

Educational Background: \_\_\_\_\_

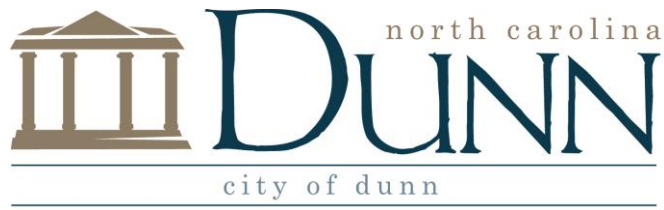
Have you recently attended a meeting of the board you are interested in serving on: Yes:  No:

Do you reside within the City Limits of Dunn: Yes:  No:

Length of residence in Dunn/Dunn Area: \_\_\_\_\_

Thank you for your willingness to serve our City!

(over)



*where community matters*

Please provide a brief statement outlining why you wish to serve on a City of Dunn Board, Commission or Committee and how you will be an asset as a member.

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Have you ever served on any City of Dunn Board? Yes:                      No:  
If so, which one?

Please list any current or previous service to the community and/or civic clubs:

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**I would like to be considered for appointment to serve on a City of Dunn Board, Commission or Committee. I realize that completion of this application in no way guarantees that I will be appointed by the Dunn City Council. If appointed, I will make attending Advisory Board Meetings a priority.**

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Applicants Signature Required

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Date

**Please return form to:**  
Dunn City Clerk  
PO Box 1065, Dunn, NC 28335  
Phone: 910-230-3501 or Fax: 910-230-3590  
Email: [twilliams@dunn-nc.org](mailto:twilliams@dunn-nc.org)