



TOWN OF KILL DEVIL HILLS

Application for Boards, Committees & Commissions

Return completed application: Town Clerk, 102 Town Hall Drive, P.O. Box 1719
Kill Devil Hills, NC 27948

Boards / Committees in which I am interested (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Planning Board | <input type="checkbox"/> Street Improvement & Special Projects Committee |
| <input type="checkbox"/> Board of Adjustment | <input type="checkbox"/> Historic Landmarks Commission |
| <input type="checkbox"/> Personnel Board | <input type="checkbox"/> Dangerous Animal Appeal Board |
| | <input type="checkbox"/> Community Appearance Commission |
| | <input type="checkbox"/> Other: _____ |

Name: _____

Phone number: _____ Email: _____

Home /Mailing address: _____

Business Name: _____

Business Address: _____

Are you currently serving as an appointee to a Town of Kill Devil Hills committee, commission or board: Yes No

If "Yes," list which one (s): _____

... and length of service: _____

Why are you interested in serving on the board, commission or committee selected above?

For Office Use Only		
Date Received	Date Appointed	Date Application Updated
Contacted By	Date Reappointed	



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Please tell the Board about yourself. Include relevant information such as expertise, education, work and/or real-life experience as it relates to the board(s) that you have expressed interest:

Are there any restrictions on your time or flexibility?

How long have you lived in Kill Devil Hills: _____

Do you have access to Internet and email: Yes No

Are there any possible conflict of interest or other matter that would create problems or prevent you from fairly and impartially discharging your duties as an appointee of the Board of Commissioners or for the Town of Kill Devil Hills?

No Yes (please attach an explanation of the possible conflict)

I understand that if I miss three consecutive regular meeting of this Board that I will be removed from the Board / Committee / Commission. In addition, members are required to attend at least 50% of each meeting in order to be considered present. I also understand that my faithful attendance to all regular, special and assigned subcommittee meetings during the course of my term is required in order to be eligible for reappointment. I certify that the facts contacted in this application are true and correct to the best of my knowledge and belief. I understand that this application will be retained in the office of the Town Clerk for two (2) years and must be updated after that time or it will be discarded. I understand that upon submitting this application to the Town of Kill Devil Hills, the application and all information contained herein are considered a public record under North Carolina law.

Applicant Signature

Date

Submit pages 1 and 2 of this application to the Office of Town Clerk.
Submit page 3 ONLY if applying for the Community Appearance Commission.
All else may be retained for your records.



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Application Addendum for Community Appearance Commission ONLY:

- A. To aid the Board of Commissioners in selecting members of the Community Appearance Commission, please provide the Board with your insight into the Town's appearance. Identify five characteristics about the Town's appearance that you like and five that you do not care for. Develop the negative characteristics by explaining what you would suggest to improve those characteristics.

Five Characteristics You Like About Kill Devil Hills' Appearance	Five Characteristics You Do Not Care For About Kill Devil Hills' Appearance & How You Would Propose Each Be Improved

- B. Describe your enthusiasm for participating on the Community Appearance Commission by summarizing your overall feelings about Kill Devil Hills and how it can be made better for citizens, businesses, and visitors:

CAC Applicant Signature

Date