



Date Received _____

Application for: Authorities, Boards, Commissions, and Committees

Note: All information on this document will be released to the public on request.

PLEASE **PRINT**:

Name: _____ Ethnic Background: _____

Sex: (M) _____ (F) _____

Home Phone Number: _____ Age (over 18): Yes _____ No _____

Home Fax Number: _____

Email Address: (***Please provide this contact information***) _____

Home Address:

(street) (city) (state) (zip)

Name of Authority/Board/Commission/Committee:

Specific category applying for: (e.g. Nurse, Attorney, At-Large, etc.)

Qualification for specific category: _____

Occupation: _____

Place of Business: _____

Business Address: _____
(street) (city) (state) (zip)

Business Phone Number: _____ Business Fax Number _____

Do you live within Durham County? Yes _____ No _____ Township: _____

Do you live within the corporate city limits? Yes _____ No _____

Education: _____

Name of any Durham County or City of Durham Board/Commission/Committee on which you presently serve: _____

If reapplying for a position you presently hold, how many consecutive terms have you served?

Based on your qualifications and experiences, briefly describe why your services on this Authority/ Board/Commission/Committee would be beneficial to the County of Durham:

Is your property tax listing current? Yes _____ No _____

Are your City and County property and motor vehicle taxes paid in full on a current basis?
Yes _____ No _____

Other information you consider pertinent: (i.e., civic memberships, related work experience, etc.):

(If necessary, you may add additional pages.) (Check if additional pages are added: _____)

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Date: _____ Applicant's Signature: _____

Return application to: Clerk to the Board of County Commissioners
2nd Floor -- 8:30 a.m.-5:00 p.m.
Mailing Address: Durham County Government Administrative Complex
200 East Main Street
Durham, NC 27701
Fax Number: (919) 560-0013