



CITY OF CHERRYVILLE APPOINTMENT APPLICATION

REQUEST FOR APPOINTMENT TO: _____

COMMITTEE, BOARD, COMMISSION

NAME: _____

ADDRESS: _____

TELEPHONE #: _____ CELL # _____

EMPLOYMENT: _____

JOB TITLE: _____

DUTIES PERFORMED: _____

VOLUNTEER ACTIVITIES: _____

WHY DO YOU WISH TO SERVE: _____

WHAT AREAS OF CONCERN WOULD YOU LIKE TO SEE THE COMMITTEE, BOARD OR COMMISSION ADDRESS: _____

REGULAR ATTENDANCE IS VERY IMPORTANT FOR THE BOARD, COMMITTEE, OR COMMISSION TO PROPERLY CONDUCT EFFECTIVE MEETINGS. WILL YOU BE ABLE TO CONTRIBUTE SUFFICIENT TIME TO THE SCHEDULED MEETINGS? _____

DATE: _____ SIGNATURE: _____

PLEASE USE REVERSE SIDE FOR ADDITIONAL COMMENTS.

RETURN TO: PAIGE GREEN, CITY CLERK
116 S. MOUNTAIN STREET
CHERRYVILLE, N.C. 28021