

**APPLICATION FOR CONSIDERATION OF APPOINTMENT TO TOWN OF  
WEAVERVILLE BOARDS OR COMMISSIONS**

**Applicants are strongly urged to attend several meetings of a board prior to applying  
and/or appointment to a board.**

NAME \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER (S) HOME \_\_\_\_\_ WORK \_\_\_\_\_

EMPLOYER \_\_\_\_\_

ADDRESS OF  
EMPLOYER \_\_\_\_\_

DO YOU LIVE WITHIN THE MUNICIPAL LIMITS OF WEAVERVILLE? \_\_\_\_\_

DO YOU LIVE WITHIN THE EXTRA TERRITROAL ZONING DISTIST OF  
WEAVERVILLE? \_\_\_\_\_

NAME OF BOARD OR COMMISSION FOR WHICH YOU ARE APPLYING TO SERVE  
ON:

\_\_\_\_\_  
\_\_\_\_\_

PLEASE LIST ANY SPECIAL SKILLS, INTERESTS OR QUALIFICATIONS WHICH  
YOU FEEL WOULD BE AN ASSET TO SAID BOARD OR COMMISSION:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WHY DO YOU WISH TO SERVE ON SAID BOARD OR COMMISSION?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please return this application to Shelby Shields at the above address along with your  
resume.