

**TRANSYLVANIA COUNTY, NC
APPLICATION TO SERVE ON THE
TRANSPORTATION ADVISORY BOARD**

We ask you to provide us with the information below that will best assist us in evaluating your application.

Note: When submitted all information on this form becomes public record.

NAME: _____ **DATE:** _____

PHYSICAL ADDRESS: _____

MAILING ADDRESS: _____

TELEPHONE: _____ **EMAIL:** _____

PLACE OF EMPLOYMENT: _____

COUNTY RESIDENT: Y N

A resident is defined as someone who lives in Transylvania County the majority of the year and claims Transylvania County as their domicile for legal purposes.

Voter Registration is a toll the Board of Commissioners uses to determine residency. Are you registered to vote in Transylvania County? Y N ; If not, explain. _____

NAME OF BOARD APPLYING FOR: TRANSYLVANIA COUNTY TRANSPORTATION ADVISORY BOARD

PREVIOUS COMMITTEE/BOARD AND/OR LEADERSHIP EXPERIENCE (INCLUDE ANY COUNTY, CITY, NON-PROFIT OR EMPLOYMENT RELATED LEADERSHIP POSITIONS OR BOARDSCOMMITTEE YOU HAVE SERVED ON AS A MEMBER OR CHAIR) _____

COMMUNITY INVOLVEMENT: _____

WHAT EXPERIENCE, TRAINING OR QUALIFICATIONS DO YOU HAVE THAT WOULD BE HELPFUL SERVING ON THIS BOARD?

WHY DO YOU WANT TO BE A MEMBER OF THIS BOARD AND HOW DO YOU FEEL YOU COULD CONTRIBUTE TO THE OVERALL BOARD?

WHAT COMMUNITY TOPICS CONCERN YOU THAT RELATE TO THIS BOARD?

THE BOARD MAY MEET IN THE MORNING, AFTERNOON OR EVENING HOURS. WHAT LIMITATIONS DO YOU HAVE FOR ATTENDING MEETINGS?

HOW DID YOU FIND OUT ABOUT THIS BOARD? (PLEASE CIRCLE ONE)

NEWSPAPER, EMAIL, FRIEND, TV, INTERNET, CURRENT MEMBER, BROCHURE, POSTER, RADIO, SPEAKER AT EVENT, OTHER

SIGNATURE _____ **DATE** _____

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