

Community Development Advisory Board Application

Name:(Last)	(First)	(MI)	
Home Address:			
E-Mail:	20		
Telephone Numbers:(H		(Mobile)	(Work)
		_	(VVOIK)
Date of Birth:/_/	_	Female	the Beerleen
The Town of Pinetops apprec Advisory Board. The Town of I			
Employer:	Occupation: _		
Do you reside within the Town L	imits of Pinetops? Yes	□ No	
Length of Residence in the Tow	n of Pinetops:Years _	Months	
Do you own a business or properties. Civic or Service Organization Ex			
Town Boards previously served	, and year(s) served:		
Please list any other Boards/Org	ganizations on which you c	urrently serve:	
Please provide a brief summary	outlining why you wish to s	erve on this board:	
Please tell us anything else abo	ut yourself that would be be	eneficial to this boa	rd:
If not selected as a board memb	per, would you be willing to	participate/work on	a board sub-



Community Development Advisory Board Application

ETHICS GUIDELINES FOR TOWN BOARDS

If appointed, I pledge to comply with the following ethics guidelines for boards as adopted by the Town of Pinetops.

Members of boards shall not discuss, advocate, or vote on any matters in which they have a conflict of interest or an interest in which reasonably might appear to be in conflict with the concept of fairness in dealing with public business. A conflict of interest or a potential conflict occurs if a member has a separate, private, or monetary interest, either direct or indirect, in any issue or transaction under consideration. Any member who violates this provision may be subject to removal from the board.

If the board member believes he/she has a conflict of interest, then the member should ask the board to be excused from voting. The board should then vote on the question on whether or not to excuse the member making the request. In cases where the individual member or the board establishes a conflict of interest, then the board member shall remove themselves from the voting area.

Any board member may seek the counsel of the Town Attorney on questions regarding the interpretation of these ethic guidelines or other conflict of interest matters. The interpretation may include a recommendation on whether or not the board member should excuse himself/herself from voting. The board may request the Town Attorney to respond in writing.

I certify that the above information is correct and acknowledge the Ethic Guidelines for Town Boards. I understand that this is an application to be considered for appointment to a Town of Pinetops Board, Commission, or Committee and that final appointment is made by the Pinetops Board of Commissioners.

Printed Name:	 	
Signature:	 Date:	

Applicants are required to be a resident or business/property own in the Town of Pinetops

Return completed form to:
Fred Ventresco, Town of Pinetops
Administrator
101 E Hamlet Street
Pinetops, NC 27864

Phone: 252-827-4435 Fax: 252-827-2806 Email: townadministrator@pinetopsnc.com