



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** clearly:

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:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are your taxes current (e.g. animal, property, vehicle)? 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: \_\_\_\_\_ )

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

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