



Application for Appointment to Onslow Commission for Persons with Disabilities

I, the undersigned am interested in community service and provide this information for the use of the Board of Directors in considering my qualifications for appointment to the Onslow Commission for Persons with Disabilities.

Name

Name of Spouse

Home Address

Home Telephone / Fax Number

Business Address

Business Telephone / Fax Number

E-mail address:

Are you a resident of Onslow County? _____ If yes, how long?

Are you affiliated with an agency or non-profit organization that is closely associated with Onslow County Health, Disability or Community Programs? _____ If yes, please describe:

Are you a person with disabilities or a family member of a person with disabilities? ____ If yes, please describe:

Educational Background:

Current and Past Civic/Community Involvement:

Why do you feel qualified for this Appointment?

If appointed, can you think of any reason that a conflict of interest could arise?

Signature Date

1. The information that you provide will be used by the Board of Directors in making appointments.
2. If you have additional information that you want to provide, please attach extra pages.
3. If appointed, please remember the importance of attending meetings and participating in projects and events. The Onslow Commission Bylaws have specific requirements related to attendance and participation in order to maintain membership.

<p>Please return this form to:</p> <p>Onslow Commission for Persons with Disabilities PO Box 244, Jacksonville, NC 28541</p>	<p>Office Use Only</p> <p>Date Application Submitted: _____</p> <p>Address Verified as City /County Resident: _____</p> <p>Date Verified Continued Interest: _____</p>
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