



FOR OFFICE USE ONLY		
Date Received	Time	Registered to Vote in Dare County

Application for Appointment Town Council Member

Full Name: _____ Date of Birth: _____

Physical Address: _____

Mailing Address: _____

Phone number: (Home) _____ (Cell) _____ (Work) _____

E-mail Address: _____

Do you reside within the town limits of Southern Shores? Yes ___ No ___ Length of Residency _____

Are you registered to vote in Dare County? Yes ___ No ___

Statement of Interest and Qualifications: (You may attach supplemental answers)

Why do you want to serve on Council? _____

Why do you think you would be an asset to this Council? _____

Have you served or are you presently serving on a Board/Commission/Committee for Southern Shores? If so, please list below:

Interests/ Skills/ Areas of Expertise/ Volunteer activities: _____

How do you stay current on Southern Shores issues and events? (Attend Council meetings, read the Newsletter, etc.)

Do you regularly vote in Southern Shores municipal elections? Yes _____ No _____

If no, why not?

Additional Comments: _____

Affirmation of Eligibility

1) Are you, or will you be at the time of your appointment, at least 21 years of age?

Yes ___ No ___

2) Have you ever been adjudged guilty of professional misconduct or a felony in any jurisdiction?

Yes ___ No ___

If yes, please explain disposition: _____

3) Southern Shores Town Council meets in regular session each first Tuesday of the month and workshop meetings as needed on third Tuesdays. They also call Special or Emergency meetings on occasion to handle certain types of business. Are you willing and able to commit the amount of time necessary to fulfill the duties and expectations (attending meetings, reading meeting agenda and packets, answering emails, etc.) of becoming a member of the Southern Shores Town Council?

Yes ___ No ___

Please provide any time conflicts here: _____

4) Are there any conflicts of interest or other matter(s) that would create problems or prevent you from fairly and impartially discharging your duties as a member of the Town Council?

Yes ___ No ___

If yes, please explain: _____

5) Are you related by birth or marriage to anyone now employed or serving as an elected or appointed official for the Town of Southern Shores?

Yes ___ No ___

If yes, provide name and relationship to you: _____

6) Are you currently serving on any Board /Commission/Committee or similar group in another municipality or County?

Yes ___ No ___

Local Government: _____ Board/Commission/Committee: _____

Date Appointed: _____ Term Expiration: _____

7) Are you currently serving in one or more appointed or elected positions in any Federal or State agency?

Yes ___ No ___

Organization: _____ Position: _____

Date Appointed: _____ Term Expiration: _____

Statement of Understanding

I understand this application is public record and I certify that the facts contained in this application are true and correct to the best of my knowledge.

I understand that regular attendance at Council meetings is essential to conscientious representation of the residents of the Town of Southern Shores, and that should I be appointed to Council, I will be responsible for representing the best interest of the residents of the Town of Southern Shores in a non-partisan manner.

I understand that should I be appointed to Council, full disclosure of conflicts of interest and potential financial gain from any matter brought before Council must take place prior to any discussion or vote, and that when deemed appropriate, I must recuse myself from discussion and action taken by Council.

Signature: _____ Date: _____

Applications to be considered can be delivered in-person, via US Mail, or via email to Sheila Kane, Town Clerk skane@southernshores-nc.gov

**Mailing Address: Town of Southern Shores
5375 N Virginia Dare Trail
Southern shores, NC 27949**