

APPLICATION FOR NEWPORT RECREATION ADVISORY COMMISSION

PLEASE PRINT OR TYPE

NAME _____ DATE _____

ADDRESS _____

CITY/STATE _____ ZIP _____

TELEPHONE: HOME _____ WORK _____

EMAIL ADDRESS: _____

OCCUPATION _____

EDUCATIONAL BACKGROUND _____

SPECIAL/ RECREATIONAL INTERESTS _____

ARE YOU CURRENTLY SERVING IN ONE OR MORE APPOINTED OR ELECTED
POSITIONS IN ANY FEDERAL, STATE OR LOCAL GOVERNMENT AGENCY?

IF SO, PLEASE GIVE THE FOLLOWING INFORMATION:

POSITION _____

ORGANIZATION _____

DATE TERM ENDS _____

THIS APPLICATION WILL BE RETAINED ON FILE FOR TWELVE (12) MONTHS FROM THE
DATE OF RECEIPT.

APPLICATION EXPIRES: _____

(To be completed by Staff)

(When vacancies occur, your application will be considered along with the others received. You may submit a resume in addition to this application, if you so desire. You may return this completed form to 200 Howard Blvd., Mail this form to P.O. Box 1869, Newport, NC 28570, or Fax it to (252) 223-5382. Thank you for your interest in the Newport Recreation Advisory Commission.)