



# Town of Bailey

6217 Main Street  
P.O. Box 40  
Bailey, NC 27807  
Phone: 252-235-4977

## Volunteer Steering Committee Application

**Please complete this form and return it to the Town Administrator.**

Applicant Name: \_\_\_\_\_ Tel #: \_\_\_\_\_

Home Address: \_\_\_\_\_ Zip: \_\_\_\_\_

How long at this address: \_\_\_\_\_ Current business owner in town? (circle one) Yes / No

Employer: \_\_\_\_\_ Job Title/Occupation: \_\_\_\_\_

Email: \_\_\_\_\_ Best Contact Method: \_\_\_\_\_

**Steering Committee Assignment Request (please circle your committee of interest):**

Sewer & Water Steering Committee / Cemetery & Landscaping Steering Committee / Public Works  
Steering Committee / Streets, Trees & Zoning Steering Committee / Police Department Steering  
Committee / Mayoral Steering Committee

Please list any education, work experience or qualifications you feel are relevant to the board  
assignment requested: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

List any current or past volunteer activities in which you were involved: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What do you see as the responsibilities of the Steering Committee and what do you hope to accomplish  
if appointed? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you have any personal or business interest(s) that could create a conflict of interest (either real or perceived) if you are appointed? (circle one) Yes / No If yes, please explain:

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Have you taken the opportunity to attend any previous Town meetings? (circle one) Yes / No

What is the best time of day to contact you? \_\_\_\_\_

What time(s)/Date(s) are you available to attend board meetings: \_\_\_\_\_

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Do you understand that, if appointed, assignment to any of the board positions listed above are "volunteer-only" and the positions are unpaid? (circle one) Yes / No

By submission of this application, I certify that all information contained herein is true to the best of my knowledge, and I understand that this application shall be active for two years. I also understand that I will be encouraged but not required to attend the monthly Board of Commissioner meetings.

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Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*\*Please note, an original signature is required to be considered. This information, along with other material may be used by the Town Board of Commissioners in making appointments, and in the event you are appointed, it may be used by Town Hall staff to identify you to the community through social media posts, press releases, and other communications.*

How did you find out about this opportunity? \_\_\_\_\_

*"This local government unit is an equal opportunity provider."*

For office use only: Approved: Yes / No Date Approved: Board Assigned: Term Expires: Notes:
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