

## CITIZENS VOLUNTEER FOR SERVICE APPLICATION

Boards, Commissions or Authorities

Town of Port Royal selects citizens for service on Council appointed Boards, Commissions and Authorities from a roster of individuals who have either volunteered or have been recommended for appointment. The Clerk to Council uses this form to keep an up-to-date roster of volunteers and to give Council basic information about each volunteer.

DATE: \_\_\_\_\_ NAME: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ TELEPHONE \_\_\_\_\_

EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

- Are you presently serving on a Board, Commission or Authority? \_\_\_\_\_ If “yes”, when does your term expire? \_\_\_\_\_
- If recommended by a Council Member, indicate name: \_\_\_\_\_

TOP THREE PRIORITIES: Please indicate by placing a “1”, “2” or “3” alongside the Board, Commission or Authority which you choose.

REGIONAL BOARDS & AUTHORITIES	TOWN BOARDS AND COMMISSIONS
<p> <input type="checkbox"/> Beaufort Housing Authority  <input type="checkbox"/> Beaufort/Jasper EOC Board  <input type="checkbox"/> Beaufort-Jasper Housing Trust Board  <input type="checkbox"/> Beaufort Jasper Water Sewer Authority Board  <input type="checkbox"/> Greater Beaufort-Port Royal Convention Visitors Bureau Board  <input type="checkbox"/> Solid Waste &amp; Recycling Board  <input type="checkbox"/> Beaufort County Economic Development Corporation  <input type="checkbox"/> Defense Community Partnership Taskforce  <input type="checkbox"/> Military Enhancement Committee                 </p>	<p> <input type="checkbox"/> Accommodation Tax Committee  <input type="checkbox"/> Design Review Board  <input type="checkbox"/> Redevelopment Commission  <input type="checkbox"/> Zoning Board of Appeals  <input type="checkbox"/> Planning Commission  <input type="checkbox"/> Historic Preservation Commission                 </p> <hr/> <p>Members appointed to the Design Review Board, Redevelopment Commission, Historic Preservation Commission, Planning Commission and Zoning Board of Adjustments and Appeals must comply with state mandated training as described in SC Code, Section 6-29.</p>

CONFLICT OF INTEREST STATEMENT: I, \_\_\_\_\_, AS A VOTING MEMBER OF THE \_\_\_\_\_ Board, Commission or Authority, agree to disqualify myself from voting on any issue(s) which may arise and in which a Conflict of Interest exists. APPLICANT’S SIGNATURE: \_\_\_\_\_

Once completed please return this form and attach a brief resume’ to: [lgraham@portroyal.org](mailto:lgraham@portroyal.org) or Town Clerk, P.O. Drawer 9, Port Royal, SC 29935. Applications without a brief resume’ cannot be considered. Applications will be held five (5) years for consideration. All information contained on this application is subject to public disclosure.