



CITY OF MARION

194 N. Main Street • P.O. Drawer 700 • Marion, NC 28752
Phone (828) 652-3551 • Fax (828) 652-1983

Office use only:

Received: _____

Decision: _____

Thank you for your interest in volunteering your time and expertise to the City of Marion. Please complete the following information and direct this form to Landdis Hollifield, City Clerk.

lhollifield@marionnc.org • PO Drawer 700, Marion, NC 28752

Check Your Interest(s): Planning Board Tree Board ABC Board

I live in: City of Marion Greater McDowell County I am a non-resident

Applicant's Name: _____

Mailing Address: _____

Street Address (if different): _____

Phone: (Home) _____ (Mobile) _____ (Work) _____

Email Address: _____

Do you own a business in Marion? Yes No Years owned: _____

Name of Business: _____

Educational Background: _____

Occupation: _____ Employer: _____

Prior Public or Volunteer Service: _____

Please list any special skills, interests or qualifications which you feel would be an asset to the board you're applying for:

Why do you wish to serve on said board or commission?

What topics would you like to see the Board address?

Please share anything else you would like Marion City Council Members to know about you.

How did you learn about the Board? City's Website Current Member Social Media
 Speaker at Event Other _____

I certify that the facts contained in this application are true and correct to the best of my knowledge. I understand and agree that any violation of the Advisory Board Ethics Policy may be cause for my removal from any board. Regular attendance is required and important to the success of the Advisory Board. If my attendance is less than standards established, it is cause for removal. Finally, I also understand this application is a public record and will be kept on file from the date of submission to the City Clerk.

Signature: _____ Date: _____