



# Town of Spring Hope

118 W. Railroad Street  
Spring Hope, NC 27882  
Phone: (252) 478-5186  
Fax: (252) 478-7131

For office use only:
Date: _____
Term Expires: _____

## Downtown Development Board Application

*Please complete this form and return it to the Town Clerk*

Applicant Name: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ Zip: \_\_\_\_\_

Home/Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_

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

How long have you lived in Spring Hope: \_\_\_\_\_

List any education, work experience or qualifications you have relevant to the Downtown Development Board.

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

List any current or past volunteer activities in which you are/were involved.

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

What do you see as the responsibilities of this Board 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?

NO  YES If yes, please explain:

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

Have you taken the opportunity to attend any previous Town meetings?

NO  YES

By submission of this application, I certify that all of the 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 required to be available to attend meetings of the Board as assigned.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

*\*Please note, original signature is required to be considered. This information along with other material may be used by the Town Board in making appointments and in the event you are appointed, it may be used as a basis for a news release to identify you to the community.*

How did you find out about these opportunities? \_\_\_\_\_