City of Goldsboro Boards and Commissions

Councilmember Hiawatha Jones, District 1
Councilmember Bill Broadaway, District 2
Mayor Pro Tem Taj Polack, District 3

Mayor David Ham
Councilmember Brandi Matthews, District 4
Councilmember Charles P. Gaylor, IV, District 5
Councilmember Gene Aycock, District 6

Name: ____________________________ Date: __________________

Home Address: _____________________ Phone: __________________

Business Address: __________________ Business Name: _______________

Occupation: ________________________ Email: ______________________

List any Board, Committee or Commission on which you currently serve: ________________________________

How did you hear about serving on a Board? ______________________________________________________

Yearly appointments to all boards and commissions are normally made by January 1 of each year, except in cases of unanticipated vacancies which shall be filled as soon as possible.

Application for Appointment to:

Please mark your 1st, 2nd and 3rd choice by putting a 1, 2 or 3 next to the Board or Commission you would like to serve on.

___ Commission on Community Relations and Development

___ Historic District Commission

___ Mayor’s Committee for Persons with Disabilities

___ Parks & Recreation Advisory Commission

___ Local Firefighters’ Relief Fund Board of Trustees

___ Planning Commission / Board of Adjustment

___ Goldsboro Municipal Golf Course Committee

___ Goldsboro Tourism Council

___ Goldsboro Housing Authority

___ GWTA Board of Directors

If necessary, please use the back of this form to answer the following questions:

Why are you interested in serving on a Board? ______________________________________________________

List any special qualifications you have for service on one or more Boards: ________________________________

What would you like to achieve if appointed to a Board? ________________________________________________

Educational Background: _________________________________________________________________________

Employment History: ____________________________________________________________________________

We ask your help in assuring diversity of membership by district, gender, and race by answering the following questions:

Race: ____________________________ Gender: ____________________________

City of Goldsboro residency is required for appointment to most boards and commissions.

I am a resident from (check one): District 1 ___ District 2 ___ District 3 ___ District 4 ___ District 5 ___ District 6 ___

I have been a resident of the City of Goldsboro for ___ years.

☐ By checking this box I understand that a Background Check may be done on me.

Signature of Applicant (this application will be kept on file for one year)

Return application to:
City Clerk’s Office
200 North Center Street
Goldsboro, NC 27530
Phone: 919-580-4330

The City of Goldsboro does not discriminate on the basis of race, color, religion, sex, age, national origin, handicap or disability in admission or access to or treatment or employment in its services, programs and activities in compliance with applicable federal and state laws. Information given on this application is public record.

www.goldsboronc.gov