

City of Goldsboro Boards and Commissions

Councilmember Hiawatha Jones, District 1
Councilmember Bill Broadaway, District 2
Vacant, District 3

Mayor David Ham

Mayor Pro Tem Brandi Matthews, District 4
Councilmember Charles P. Gaylor, IV, District 5
Councilmember Greg Batts, 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 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.

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

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

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.