

TOWN OF WARRENTON

"Historically Great - Progressively Strong"

P. O. Box 281

Warrenton, NC 27589-0281

PHONE (252) 257-3315 FAX (252) 257-9219

www.warrenton.nc.gov

STATEMENT OF INTEREST TO SERVE

If you are a Town of Warrenton or Warren County resident and would like to be appointed or volunteer your time and expertise to your community, please complete and return to:

Warrenton Board of Commissioners

c/o Town Administrator

P O Box 281

Warrenton, NC 27589

Please list in order of preference the Boards and Commissions for which you would be willing to serve:

1. _____ 3. _____

2. _____ 4. _____

Your full name: _____

Date of Birth: _____ Sex _____ Race _____

Mailing Street Address: _____

City and Zip Code _____

Home Phone _____ Work Phone _____ Cell Phone _____

Job Title _____

Company or Agency _____

Email Address _____

Are you a full time resident of the Town of Warrenton _____ YES _____ NO

Educational Background

Name of High School Attended _____

Name of College Attended _____

Degree Received _____

Please list any military experience and rank when discharged _____

If you are presently serving or have previously served as an elected or appointed official, please explain: _____

Please list all past employers and volunteer experience you have had which may be beneficial in evaluating your qualifications. *Please feel free to attach a resume if so desired.*

Work Experience _____

Volunteer Experience _____

How did you become aware of Town of Warrenton volunteer or appointment opportunities? (Please circle appropriate response)

Newspaper Current Town of Warrenton Volunteer Web Site Staff Other

If other, please explain _____

I affirm that the above statements are true and if appointed, I will serve to the best of my ability.

Signature _____

Date _____