

Office Use Only:
Board Applying For: _____

Review Date: _____

Vote Date: _____



POLK COUNTY VOLUNTEER BOARD APPLICATION

Please submit applications to ahigh@polknc.org
or Mail to BOC Clerk PO Box 308 – Columbus, NC 28722 or
Hand Deliver to the 40 Court House St. Columbus, NC
Phone: 828-894-3301 Ext. 221 Fax: 828-894-2263

**Please contact the County Managers office for assistance in completing the requested information.*

FULL NAME: _____

DATE: _____

PHYSICAL ADDRESS: _____

PHONE (H): _____

PHONE (C): _____

MAILING ADDRESS: _____

PHONE (W): _____

EMAIL: _____

*TAX PARCEL ID OF WHERE YOU RESIDE: _____

*TOWNSHIP OF RESIDENCE: (Check Township)

Is this your primary residence? Yes No

Columbus Cooper Gap Green Creek

How long have you been

Saluda Tryon White Oak

a resident of Polk County? _____

* Do you reside within the city limits (or ETJ) of

Columbus, Saluda, or Tryon? Yes No

VOLUNTEER BOARD APPLYING FOR: _____

Are you a current member of this board? Yes No If yes, how many terms have you served? _____

Please list other local, regional, and statewide boards, committees or commissions on which you currently serve:

Place of Employment: _____ Position/Title: _____

If retired, former place of employment and position/title: _____

List any work, volunteer, and/or educational experience you would like considered in reviewing your application:

Please explain your reasons for wanting to serve on this board: _____

**Additional information may be attached*

I understand that to be considered to serve on a volunteer board I must be a Polk County resident (unless statutory requirements state otherwise) and, in some cases, I must reside in a certain township within the County. I also understand that I cannot be delinquent on any taxes collected by Polk County, and this application must be signed by the Polk County Tax Office before submission. I am aware that I will be required to attend meetings and comply with Federal, State and Local laws, and specific by-laws of the Board to which I am appointed to serve.

Applicant Signature _____ Date: _____

Tax Office Staff Signature _____ Date: _____