



Application for Appointment to Jackson County Boards & Committees

All positions are considered as appointments to county service

Applicant must be a Jackson County resident

Applicant Information

Please print legibly and complete the entire application

First Name	Middle Name	Last Name	Prior Legal Name(s)	
Street Address		City	State	Zip
Email Address:				
Home Phone Number:		Cell Phone Number		

List in order of preference the groups with which you desire to serve

Please explain your interest in wanting to serve

List your qualifications to serve

List your prior public service

List your professional affiliations

RETURN COMPLETED FORM

angiewinchester@jacksonnc.org

Clerk to the Board
401 Grindstaff Cove Road, Ste A207
Sylva, NC 28779

This page of the Application may be subject may be subject to the North Carolina Public Records Law and may be disclosed to third parties by an authorized county official.



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First Name	Middle Name	Last Name	Prior Legal Name(s)
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Personal Identifying Information (needed to perform background check only)

Driver License Number	Driver License State	Gender Male Female	Last 4 of SSN:
Ethnicity: White Hispanic Black American Indian Asian/Pacific Islander			Date of Birth

Reference and Background Information

Please provide professional or personal references to include previous employers, volunteer supervisors, program instructors or other personal references.

Reference Name	Phone	Relationship to you
Reference Name	Phone	Relationship to you
Have you ever been convicted or plead guilty to any federal, state, or municipal criminal offense? (Not including minor traffic offenses)		
		Yes No
If yes, please provide details below:		

Consent to Perform Background Check:

In connection with my application and desire to engage in appointed volunteer activities, I hereby consent and authorize Jackson County and its agents at any time during or subsequent to my application process to conduct a background check which may include a criminal record check and such additional verifications and reference checks as the County deems necessary. I do hereby consent to Jackson County's use of any information provided during the application process.

By my signature below, I agree to release, indemnify, and hold harmless Jackson County and any agency used by Jackson County with regard to any information provided by an agency. I understand I will have an opportunity to clear up any mistaken information provided by an agency within a reasonable time frame established at the sole discretion of Jackson County.

Further all appointed volunteers are required to report to the County within five (5) days after any conviction of any federal, state or municipal law.

Certification of Information Provided:

I hereby certify and attest the information provided is true, correct, and complete. I understand any falsification of information will disqualify me for appointed volunteer/intern assignments with Jackson County.

Acknowledgement of Workers' Compensation:

If approved as an appointed volunteer for County services, I acknowledge I am not an employee of the County although I understand I am covered under the County's Workers' Compensation policy unless otherwise provided for as part of malpractice/accident insurance that may be required by an educational institution. If approved as an appointed volunteer who is covered under Jackson County Workers' Compensation policy, I expressly agree and acknowledge that workers' compensation is my exclusive remedy for any injury suffered while performing duties and I agree not to seek or bring any other claim or actions of any type whatsoever against Jackson County, its employees, officers, agencies, other volunteers, and officials. Should I become injured while performing services assigned as an appointed volunteer for Jackson County, I will immediately inform my supervisor.

Signature

Applicant Signature	Date
Parent or guardian printed name and signature (if applicant is a minor):	Date
If appointed to be a volunteer, each individual must provide an Emergency Contact:	
Emergency Contact Name	Emergency Contact Phone

Internal Use Only

Date Background Check Conducted	Signature of Reviewer	Background Check Findings
		<input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable

This page of the Application is **NOT** subject to the North Carolina Public Records Law and may **NOT** be released