

Office Use Only:  
Board Applying For: \_\_\_\_\_  
Review Date: \_\_\_\_\_  
Vote Date: \_\_\_\_\_



# POLK COUNTY VOLUNTEER BOARD APPLICATION

40 Courthouse Street - PO Box 308 – Columbus, NC 28722  
 Phone: 828-894-3301 Ext. 7 Fax: 828-894-2263  
[www.polknc.org/volunteerboards](http://www.polknc.org/volunteerboards)

*\*Please contact the Clerk to the Board's 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: (Please circle one)

Columbus • Cooper Gap • Green Creek

Saluda • Tryon • White Oak

Is this your primary residence?  Yes  No

How long have you been

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: \_\_\_\_\_