



# CITY OF MARION

194 N. Main Street • P.O. Drawer 700 • Marion, NC 28752  
Phone (828) 652-3551 • Fax (828) 652-1983

**Office use only:**

Received: \_\_\_\_\_

Decision: \_\_\_\_\_

## Advisory Boards Application

Thank you for your interest in volunteering your time and expertise to the City of Marion. Please complete the following information and direct this form to Landdis Hollifield, City Clerk.

[lhollifield@marionnc.org](mailto:lhollifield@marionnc.org) • PO Drawer 700, Marion, NC 28752

Check Your Interest(s):  Planning Board       Tree Board       ABC Board

I live in:  City of Marion       Greater McDowell County       I am a non-resident

Applicant's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street Address (if different): \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Mobile) \_\_\_\_\_ (Work) \_\_\_\_\_

Email Address: \_\_\_\_\_

Do you own a business in Marion?  Yes       No      Years owned: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Educational Background: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Prior Public or Volunteer Service: \_\_\_\_\_

Please list any special skills, interests or qualifications which you feel would be an asset to the board you're applying for:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why do you wish to serve on said board or commission?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please see reverse side for additional questions.

What topics would you like to see the Board address?

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Please share anything else you would like Marion City Council Members to know about you.

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How did you learn about the Board?     City's Website         Current Member         Social Media  
 Speaker at Event         Other \_\_\_\_\_

I certify that the facts contained in this application are true and correct to the best of my knowledge. I understand that the City of Marion will perform a background check to ensure that all information within this application is accurate and true. I understand and agree that any violation of the Advisory Board Ethics Policy may be cause for my removal from any board. Regular attendance is required and important to the success of the Advisory Board. If my attendance is less than standards established, it is cause for removal. Finally, I also understand this application is a public record and will be kept on file from the date of submission to the City Clerk.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## CRIMINAL HISTORY BACKGROUND CHECK VOLUNTEER CONSENT FORM

The City of Marion is permitted by state law to obtain criminal history records of all volunteers. The information requested below is necessary to obtain criminal history record information. I understand the information I am providing about age, sex and ethnicity will be used only for the purpose of obtaining criminal record information.

*Please print legibly or type.*

Name: \_\_\_\_\_  
Last First Middle Maiden

Permanent Address: \_\_\_\_\_  
Your mailing address (full street name with house, apt. or P.O Box #)

\_\_\_\_\_  
City State Zip Code

Social Security No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
month/day/year

Driver's License No: \_\_\_\_\_ State: \_\_\_\_\_ Expires: \_\_\_\_\_

Sex: Male  Female  Ethnicity: Black  White  Asian  Hispanic  Other

I understand the purpose for providing the above information. I authorize the City of Marion Police Department to use this information in order for them to complete a criminal history background check.

\_\_\_\_\_  
Volunteer's Signature

\_\_\_\_\_  
Date

**AUTHORITY FOR RELEASE OF INFORMATION  
STATE ONLY**

I authorize the North Carolina Department of Public Safety through the State Bureau of Investigation, to perform a North Carolina fingerprint-based criminal history record information check in connection with my application with **Marion Police Department** pursuant to Volunteers/City Employment - NC ORDINANCES – STATE ONLY.

(Type or Print clearly)

Last Name	First	Middle	Maiden
_____	_____	_____	_____

Social Security Number (Optional*)	Date of Birth	Sex	Race
_____	_____	_____	_____

I understand that the North Carolina State Bureau of Investigation and its officials and employees shall not be held legally accountable in any way for providing this information to the above-named agency, and I hereby release said agency and persons from any and all liability which may be incurred as a result of furnishing such information. I further understand that the agency cannot provide a **hard copy** of the results of this criminal history record check to me.

\*Disclosure of social security number is entirely voluntary and not required. If disclosed, the social security number will be utilized to assist with accurate identification/exclusion of possible criminal history records.

Applicant's/Employee's Signature

\_\_\_\_\_

Date

\_\_\_\_\_

**This form must be maintained on file with the above named agency for one year. Do not mail this form or a copy of this form to the State Bureau of Investigation.**