

Town of Carolina Beach

Committee Application



Contact Information

Name	Bill Skinner
Street Address	508 Fern Creek Lane
City, State, ZIP Code	Carolina Beach NC 28428
Preferred Phone	704-641-9374
E-Mail Address	wfskinner61@hotmail.com

Interests

Tell us in which areas you are interested in volunteering (check all that apply)

- Board of Adjustment** (meets as needed on the 3rd Monday of each month at 6:00 p.m.)
- Freeman Park** (meets 4th Thursday of each month at 7:00 p.m. in the conference room)
- Harbor Commission** (meets 4th Wed. Quarterly at 6:30 p.m. in conference room)
- Operations Advisory** (meets 1st Tuesday of each month at 10:00 a.m. in the conference room)
- Parks and Recreation** (meets 1st Monday of each month at 7:00 p.m. at the rec center)
- Planning and Zoning** (meets 2nd Thursday of each month at 6:30 p.m. in the council chambers)
- Police Advisory** (meets 1st Monday of each month at 7:00 p.m. in the conference room)
- Marketing Advisory Committee** (meets the 4th Tuesday of each month at 2:30 p.m. in the conference room)
- Other**

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

My tenure being on many Board of Directors such as- most recently currently on Island Men, North Carolina Healthcare Financial Association, Charlotte Postal Customer Council, Lincoln County Crime Stoppers and working for Fortune 100 companies, Automotive Finance Corporation has given me the understanding and qualifications to help contribute to the Operations Advisory Committee.

Recently purchasing and making Carolina Beach my home I look to give back and help

Previous Volunteer Experience

Summarize your previous volunteer experience.

I have volunteered with Island Men, Knights of Columbus, Fraternal Order of Police, Special Olympics to name a few.

I have been blessed growing up in areas that community service was always a big part of my family life.

I look forward to continue to grow my volunteer giving experiences with the Carolina Beach community.

Person to Notify in Case of Emergency

Name	Bob Skinner
Street Address	6904 Finian Drive
City, State, ZIP Code	Wilmington NC
Home Phone	571- 455-9519
Work Phone	
E-Mail Address	bhskinner51@hotmail.com

Agreement and Signature

I understand that this application is public record and I certify that the facts contained in the application are true and accurate. I understand that I must attend 75% of scheduled meetings in order to remain an active committee member. This application will remain on file in the office of the town clerk for 18 months.

Name (printed)	Bill Skinner
Signature	
Date	09/14/17

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, age, or disability.

Thank you for completing this application form and for your interest in volunteering with the Town of Carolina Beach!



Submit