Town of Carolina Beach Committee Application



Contact Informat	ion	
Name	Shannon Spell	
Street Address	1402 Bertram Drive	
City, State, ZIP Code	Carolina Beach NC 28428	
Preferred Phone 910-476-1268		
E-Mail Address	shannonspell414@gmail.com	
	Interests	
Tell us in which areas you	are interested in volunteering (check all that apply)	
Arts and Activities	(meets 3rd Wednesday of each month at 6:00 p.m. in the	e conference room)
	ent (meets as needed on the 3rd Wednesday of each mo	, and the second se
	ets 4th Thursday of each month at 7:30 p.m. in the confe	, ,
<u> </u>	on (meets 4th Wed. in Jan, Feb, Apr, May, July, Aug, Oct	,
	ry (meets 1st Tuesday of each month at 10:00 a.m. in th	,
	ion (meets 1st Monday of each month at 7:00 p.m. at the	·
Planning and Zonii	ng (meets 2nd Thursday of each month at 6:30 p.m. in t	he council chambers)
_	eets 1st Monday of each month at 7:00 p.m. in the confe	·
	y Committee (meets the 4th Tuesday of each month at 2	,
Other	, , , , , , , , , , , , , , , , , , ,	,
	Special Skills or Qualifications	
Previous employment System (7 yrs) Assista Currently serving on F	and qualifications you have acquired from employment, p including hobbies or sports. with Cumberland Co Clerks Office (8 yrs) Cum ant Director of A Child Care Center in Fayettevi HOA board at Portside Village, working now as nington. My hobbies include DIY projects, boating	nberland Co School ille NC (5yrs) an Admin Assistant

Previous Volunteer Experience

Summarize your previous volunteer experience.

HOA at Portside, First Baptist Church Carolina Beach serving meals Tues/Thurs mights, Recently joined Got em On fishing group and will be helping with the fishing tournament a Kure Beach (May 10) for disabled children

Person to Notify in Case of Emergency

Name	Lonnie Spell
Street Address	1402 Bertram Dr
City, State, ZIP Code	Carolina Beach NC 28428
Home Phone	336-255-0026
Work Phone	same
E-Mail Address	shannonspell414@gmail.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)	Shannon Spell
Signature	
Date	5/7/2019

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!

