

Town of Carolina Beach

Committee Application



Contact Information

Name	Tim Howard Hickey
Street Address	103 Virginia Ave
City, State, ZIP Code	CB,NC, 28428
Preferred Phone	714 813 4688
E-Mail Address	Timhmg@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 conference room)
- Board of Adjustment** (meets as needed on the 3rd Wednesday of each month at 6:30 p.m.)
- Freeman Park** (meets 4th Thursday of each month at 7:30 p.m. in the conference room)
- Harbor Commission** (meets 4th Wed. in Jan, Feb, Apr, May, July, Aug, Oct & Nov 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 council chambers)
- 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.

Creative out of the box thinker with a huge amount of Can Due Attitude
35 years consulting to my fortune 1000 clients regarding, Marketing concepts, Human Behavior, Management training, Compensation programs, recruiting do's & don't s.

I am looking forward to meeting with the chair person to go over expectations and the towns challenges.. Tim

Previous Volunteer Experience

Summarize your previous volunteer experience.


Church fund raisers, Police department fund raisers, Fire department Fund raiser.

Person to Notify in Case of Emergency

Name	N/A
Street Address	
City, State, ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

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)	Tim Howard Hickey
Signature	
Date	August 15th 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!



Submit