



Skyland Fire & Rescue

Phone: (828) 684-6421 Address: PO Box 640 Skyland NC 28776 Fax (828) 684-1010
www.skylandfire.com

Application for Board of Director Position

Requirement to Serve on the Board of Directors

To be eligible, a person must be eighteen years of age, must reside or own real property in the Skyland rated fire district, must pay fire taxes within such district, or be a firefighter, Auxiliary member, or a Lifetime Member who lives within 5 miles from the Skyland Fire and Rescue district line and is in good standing with Skyland Fire and Rescue.

Nominations for directors shall be opened the first day of April until the 31st day of May, at which time no further submissions will be accepted. Nominations shall be posted June 1st at which time nominations will be closed and all nominees will be qualified by residency or membership and through a background check that meets the requirements of the department's insurance company. All qualified nominations will be placed on ballots provided to the executive committee at least one (1) week prior to the annual meeting.

Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Employer: _____ Occupation: _____

Years in Position: _____ Job Title: _____

Do you reside in Skyland's Fire District? _____ Length of Residency _____



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Why do you want to serve on the Board of Directors? _____

Why do you think that you would be an asset to the Organization? _____

Have any formal charges of professional misconduct, criminal misdemeanor or felony ever been filed against you in any jurisdiction? _____ If yes, please explain disposition: _____

Are there any conflict of interest or other matter(s) that would create problems or prevent you from fairly and impartially discharging your duties as a member of the Board of Directors? _____ If yes, please explain _____



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Do you have any prior experience serving on a Board of Directors? _____

Any other information that you feel would be beneficial: _____

I understand that I need to include a **Biography** and **Photo** of myself to be placed on our website.

I understand that I need to turn in this application in person **before May 31st, at 9 Miller Road S. Asheville, NC 28803** – Skyland Fire & Rescue Main Station

I understand this application is public record and I certify that the facts contained in this application are true and correct to the best of my knowledge.

Signature: _____ Date: _____