



Hertford-Northampton Smart Start PFC

Date Received: _____

BOARD AND COMMITTEES APPLICATION

Note: All information on this document will be released to the public on request

APPLICANT'S INFORMATION

Name:			
Home Phone:	Work Phone:	Cell Phone:	
Home address:			
City:	State:	ZIP Code:	
Mailing Address (if different):			
City:	State:	ZIP Code:	
Email Address:			
Are you a full-time resident of Hertford or Northampton County? Yes_____ No_____		Which County?	How Long?

EMPLOYMENT INFORMATION

Current employer:		
Employer address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:

GENERAL INFORMATION

How did you hear of Smart Start Board/Committees?	
Specify any Board/Committee on which you serve(d):	How Long?
Are you interested in the Board or Committee(s)	Specify:
Based on your selection, briefly list any qualifications or experiences that would be beneficial for selected category:	
Other information you find pertinent (if necessary, you may add additional pages):	

REFERENCES

Name:	Phone:
Name:	Phone:

APPLICANT'S SIGNATURE

I authorize the verification of the information provided on this form as to my credentials.	
Signature of applicant:	Date:

Return to:
 Hertford-Northampton Smart Start Partnership for Children, Inc.
 711 East Vance Street, P.O. Box 504
 Murfreesboro, NC 27855