



APPLICATION FOR APPOINTMENT TO FIREFIGHTERS' RELIEF FUND

The Shelby City Council believes that all citizens should have the opportunity to actively participate in governmental decisions. One way of participating is by serving as a voluntary member of the City's Firefighters Relief Fund trustee board:

Size: 5 members, including 2 Council-appointed seats, 2 seats appointed by the Shelby Fire Department and 1 seat appointed by the insurance commission.

Terms: 2 years.

Meetings: Meeting schedule will be determined by the board.

Responsibilities: Administer local firefighter relief funds-- state funds that provide financial assistance to injured or destitute firefighters, provide short term financial assistance for spouses or dependents of firefighters killed in the line of duty, provide supplemental retirement, or other certain defined benefits.

If you have interest in being considered for appointment, please complete the form below and mail it to the City Clerk, City of Shelby, and P.O. Box 207, Shelby, North Carolina 28151-0207.

DATE: _____

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

DO YOU LIVE WITHIN SHELBY'S CITY LIMITS?

YES; FOR HOW LONG? _____

NO, BUT I LIVE IN THE ETJ; FOR HOW LONG? _____

NO

TELEPHONE (HOME): _____ (WORK): _____

EMAIL ADDRESS: _____

OCCUPATION: _____

CURRENT & PREVIOUS BOARD SERVICE (IF APPLICABLE):

WHY ARE YOU INTERESTED IN SERVING ON THE FIREFIGHTER RELIEF FUND?:

INTERESTS, SKILLS, EXPERTISE, OR EXPERIENCES THAT MAY BE OF ASSISTANCE TO THE FUND'S SUCCESS?:

HAS ANY FORMAL CHARGE OF PROFESSIONAL MISCONDUCT EVER BEEN SUSTAINED AGAINST YOU? IF YES, PLEASE EXPLAIN. **PLEASE NOTE THAT PREVIOUS CHARGES DO NOT BAR YOU FROM CONSIDERATION:**

I certify that the information provided in this application is true and correct to the best of my knowledge. I authorize all persons having information concerning my qualifications to release information to city representatives and release such persons from all liability for any damages connected with the release of such information. I also release and discharge the City of **Shelby** from any claims and damages, losses, liabilities, costs, expenses or any other charges or complaints arising out of the City's use of any information provided pursuant to this release. I understand and agree that any misstatement will be cause for my removal from any board or committee. By submitting this application, I agree to adhere to all city policies pertaining to boards and commissions, including attendance. I understand that affixing my name in this form

is deemed an electronic signature that has the effect of a written signature and will be presumed a valid signature, absent notification otherwise. I hereby acknowledge that this application and information provided herein may constitute a public record, and as such, may be released in accordance with all applicable public record laws.

If appointed, I pledge to comply with the ethics guidelines for boards and commissions as adopted by the City of Shelby. Any member who violates the City's conflict of interest policy may be subject to removal from the board or commission.

SIGNATURE: _____ DATE _____