



REQUEST FOR BOARD ACTION

ITEM NO. 5.

DATE OF MEETING: May 19, 2014

REQUESTED BY: Glenda Pridgen, Administrative Assistant

SHORT TITLE: Resolution Authorizing Approval of Appointment to the Pender County Nursing/Adult Care Homes Advisory Board.

BACKGROUND: The County Manager/County Clerk advertises vacancies on boards, commissions, committees, task forces, etc. The County Manager/County Clerk serves only clearinghouse functions with respect to the appointment process; no influence is exerted in this role. Commissioners are welcome to recruit applicants, or citizens may apply of their own free will.

Ms. Hazel Wells has served on the Nursing/Adult Care Homes Advisory Board Commission for many years. Her term has expired and she wishes to be reappointed.

SPECIFIC ACTION REQUESTED: To consider a resolution approving appointment to the Pender County Nursing/Adult Care Homes Advisory Board.

COUNTY MANAGER'S RECOMMENDATION:

All appointment authority rests with the Board of Commissioners.

RESOLUTION

NOW THEREFORE BE IT RESOLVED by the Pender County Board of Commissioners that the following appointment is hereby made:

_____ is re-appointed to serve a three-year term on the Pender County Nursing/Adult Care Homes Advisory Board, with term to expire June 30, 2017.

AMENDMENTS:

MOVED _____ **SECONDED** _____

APPROVED _____ **DENIED** _____ **UNANIMOUS**

YEA VOTES: Williams ___ McCoy ___ Brown ___ Tate ___ Ward ___ Williams ___

J. David Williams, Chairman 5/19/14
Date

ATTEST 5/19/14
Date

PENDER COUNTY

Application for Appointment to Boards/Commissions/Committees



Appointees to Pender County Boards/Commissions/Committees must be a Pender County resident and must be at least 18 years of age. Please complete this application and return to: Pender County Manager's Office, PO Box 5, Burgaw, NC 28425.

APPLICANT INFORMATION									
Last Name <i>Wells</i>			First <i>Hazel</i>			M.I. <i>G</i>		Date <i>4/30/14</i>	
Physical Address <i>5061 Penderlea Hwy</i>						Apartment/Unit # <i>NE</i>			
City <i>Willard</i>			State <i>NC</i>			ZIP <i>28478</i>			
Mailing Address (if different from above) <i>SAME</i>									
City			State			ZIP			
Home Phone <i>910-259-5275</i>			Work Phone <i>-910-604-0581 cell</i>			E-mail Address 1 <i>hwells484@gmail.com</i>			
Fax Number						E-mail Address 2			
Board Interest(s) <i>Pender Nursing/Adult Care Home Advisory Board (for re-appointment)</i>									
How long have you been a resident of Pender County? <i>82 years</i>									
EDUCATION									
High School <i>Atkinson High School</i>					Location <i>Atkinson, N.C. - 28421</i>				
From	To	Did you graduate?		YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>				
College					Location				
From	To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
Other					Location				
From	To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
EMPLOYMENT HISTORY									
Current Employment <i>Retired</i>					Job Title				
Responsibilities									
Previous Employment <i>Penderlea School</i>					Job Title <i>Secretary/Instructor for</i>				
Previous Employment					Job Title <i>28 years</i>				
Previous Employment					Job Title				
COMMUNITY INVOLVEMENT									
Please list current and past membership in civic or other organizations and offices held: <i>Pender Nursing/Adult Care Home Advisory Board - 2003 to Present -</i>									

Have you ever served or are you currently a member of any Pender County or other local government board/commission/committee?

YES NO If yes, explain (Including length of service).

Pender Nursing/Adult Care Home Advisory Board. 2003 to Present.

State reasons why you feel qualified for this appointment(s): *I feel the residents need this service and I can be of a service for you Pender County.*

MILITARY SERVICE

Branch	<i>—</i>	From		To	
Rank at Discharge	<i>—</i>	Type of Discharge (optional)			

CONFLICTS OF INTEREST

Are you aware of any legal, ethical or personal conflict of interest by serving as a member of this Pender County board/commission/committee?

YES NO If yes, explain.

Is any member of your family employed by Pender County, or currently serving on a board/committee/commission appointed by or affiliated with Pender County?

YES NO If yes, list family member name(s) and position/board or committee(s).

Please add any additional information you would like to share supporting your interest and qualifications for this appointment.

DISCLAIMER AND SIGNATURE

NOTE: This information will be used by the Pender County Board of Commissioners in making appointments to Pender County Boards/Commissions/Committees. In the event you are appointed, it may be used as a news release to identify you to the community. This application is considered a public record.

Signature *Angel Wells* Date *4/30/14*