

**APPLICATION FOR THE GULLAH GEECHEE HISTORIC NEIGHBORHOODS
COMMUNITY DEVELOPMENT CORPORATION BOARD OF DIRECTORS**

Complete the Application and Submit to the Town Clerk at TownClerk@hiltonheadislandsc.gov or at Town Hall at 1 Town Center Court, Hilton Head Island, SC 29928

Town Council seeks to appoint individuals representing a variety of interests to be part of the Board of Directors for the Gullah Geechee Historic Neighborhoods Community Development Corporation.

CORPORATION OBJECTIVE

Support the advancement and sustainability of the historic and culturally sensitive communities located on Hilton Head Island. Help create strategic programs related to, economic development initiatives, affordable housing, streetscaping, neighborhood planning, provided targeted investment and financial resources, resident education, and other support service opportunities directly related to accomplishing the mission of the Gullah Geechee Historic Neighborhoods Community Development Corporation.

GENERAL INFORMATION

NAME: _____

ADDRESS: _____ ZIP CODE: _____

MOBILE: _____ HOME: _____

EMAIL: _____

PLEASE DESCRIBE HOW YOUR WORK EXPERIENCE OR OTHER LIFE EXPERIENCES QUALIFY YOU TO CONTRIBUTE TO THE OBJECTIVE OF THE GULLAH GEECHEE HISTORIC NEIGHBORHOODS COMMUNITY DEVELOPMENT CORPORATION:

IF AVAILABLE, PLEASE PROVIDE A CURRENT RESUME OR SHORT BIOGRAPHY.

ARE YOU CURRENTLY A MEMBER OF ANY FEDERAL, STATE, AND/OR LOCAL BOARD, COMMISSION, OR COMMITTEE?

YES NO

IF YES, PLEASE LIST: _____

The State Ethics Act provides that no public official, public member (appointed individuals to a board) or public employee may knowingly use this official office, membership, or employment to obtain an economic interest for themselves, a member of their immediate family, an individual with whom they are associated or a business with which they are associated. If you have any questions regarding this law, please contact the General Counsel for the Town of Hilton Head Island.

All information contained in this application is subject to public disclosure.

SIGNATURE OF APPLICANT: _____ DATE: _____