



MARTIN COUNTY
NOMINEE APPLICATION FOR APPOINTMENT BY THE SOCIAL SERVICES BOARD

TERM: 2018 – 2021

ANSWER ALL QUESTIONS TO BE CONSIDERED FOR APPOINTMENT

NAME: _____ DATE: _____

ADDRESS: _____ CITY/STATE: _____ ZIP: _____

TELEPHONE: _____ (HOME) _____ (WORK)

OCCUPATION: _____ (PLACE OF EMPLOYMENT) _____

EDUCATIONAL BACKGROUND: _____

▪ Have you ever been convicted of an offense against the law other than a minor traffic violation? The offense and how recently you were convicted will be evaluated. Yes No (If yes, explain fully on an additional sheet of paper.)

▪ Ethnic Background: African-American _____ Native American _____ Hispanic _____ White _____ Other (Specify) _____

▪ Gender: Male _____ Female _____ Age: _____

▪ Related Experience: (Boards & Volunteer Services in past 5 years):

▪ Boards & Volunteer services currently serving on:

▪ Current Community Interests *+ & Activities: (Awards or Recognitions):

▪ Is Nominee a current county social services board member? Yes No

If yes, give dates and county: _____

▪ Is Nominee a current County Commissioner? Yes No

If no, do you plan on running for office in the near future? Yes No

▪ Is Nominee a former employee of the DSS? Yes No

▪ Does the nominee have an immediate family member working for the county department of social services in the same county? "Immediate family member" for the purpose of the appointment is defined as a spouse, parent, sibling, child, grandparent, grandchild, stepparent, stepchild, mother-in-law, father-in-law, daughter-in-law, brother-in-law, aunt, uncle, niece, or nephew.

Yes No

▪ Briefly explain why you wish to serve on this board and how you will assist the work on the board:

**RESTRICTIONS
COUNTY SOCIAL SERVICES BOARD MEMBERSHIP**

G.S. 108A-3: Residential Qualifications
Each member of the county social services board "...shall be bona fide residents of the county from which they are appointed to serve..."

G.S. 108A-4: Term of Appointment
"Each member of a county board of social services shall serve for a term of three years. No member may serve more than two consecutive terms. Notwithstanding the previous sentence, the limitation on consecutive terms does not apply if the member of the social services board was a member of the county commissioners at any time during the first two consecutive terms, and is a member of the board of county commissioners at the time of reappointment."

G.S. 108A-6: Member Filling an Unexpired Term
All appointments made to fill vacancies "...shall be for the remainder of the former member's term of office and shall not constitute a term for the purposes of G.S. 108A-4."

G.S. 108A-47: State/County Special Assistance for Adults- Limitations on Payments
"No payment for assistance...shall be made for the care of any person in an adult care home that is owned or operated in whole or in part by...a member...of any county board of social services."

G.S. 108A-55: Member Assistance Program – Payments
"No payments shall be made for the care of any person in a nursing home or intermediate care home which is owned or operated in whole or in part by a member of ...any county board of social services..."

G.S. 128-1.1: Dual-Office Holding Allowed
Any person who holds an elective or appointive office in State or local government is authorized by the General Assembly, pursuant TO Article VI, Sec. 9 of the North Carolina Constitution to hold concurrently one other appointive office, place of trust or profit, in either State or local government.

10A NCAC 68.0301: Employment of Relatives of county Board Members
"No person shall be considered for employment in a county department of social services during the time a member of his immediate family is serving on the county board of social services or the board of county commissioners in the same county. This regulation in no way effects the status of a person who is already an employee of a county department of social services and whose immediate family member becomes a candidate for or is appointed or elected to the county board of social services or the board of commissioners of the same county. (emphasis added) "Immediate family member, if for purposes of this Regulation defined as a spouse, parent, sibling, child, grandparent, grandchild, stepparent, mother-in-law, father-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, aunt, uncle, niece, or nephew."

▪ Do you or your business receive any funds of any type from the DSS? Yes No
If yes, explain: _____

▪ Do you have a current contract for services with the DSS? Yes No

I HAVE READ THE ABOVE RESTRICTIONS ON SERVING ON A COUNTY BOARD OF SOCIAL SERVICES AND UNDERSTAND THE RESTRICTIONS AND DO NOT BELIEVE MY APPOINTMENT WILL VIOLATE ANY OF THE STATUTES OR RULES LISTED ABOVE.

I AGREE TO SERVE IF APPOINTED.

Signature of Nominee: _____ Date: _____

RECOMMENDED BY: (Name, Telephone Number, Organization/Position, Address):

PLEASE MAIL APPLICATION TO:

**MARTIN COUNTY
SOCIAL SERVICES BOARD
ATTENTION: DORIS WEST-BROWN – CHAIR
305 E. MAIN STREET
WILLIAMSTON, NC 27892**

NOTE: Please be sure to sign page 2 of this form. Your application will be considered incomplete if all pages are not included.