

NORTH CAROLINA ASSOCIATION OF MUNICIPAL CLERKS
WE SHARE OUR SERVICES
MENTOR APPLICATION

Name _____ Position _____
Address _____ City/Town _____
Zip Code _____ Email _____
Phone _____ Population _____

1. Are you a member of the NCAMC? Yes _____ How Long? _____ No _____
2. What form of government is your city/town? _____
3. How long have you been in your current position? _____
4. How many years of related experience do you have? _____
5. What is your level of certification(s)? CMC _____ NCCMC _____ MMC _____
6. Are you willing to work with a mentee via email? Yes _____ No _____
7. Are you willing to make contact with your mentee in person? Yes _____ No _____
8. Have you ever been a mentor before? Yes _____ No _____ If yes, briefly describe your experience:

Strengths: (please check all areas in which you feel you have experience to share)

_____ Annexation/Zoning	_____ Agenda Packets	_____ Grants
_____ Code/Codification	_____ Elections	_____ Finance
_____ Council Relations	_____ Economic Development	_____ Licensing
_____ Ordinances/Resolutions	_____ Records Management	_____ Audit
_____ Newsletters	_____ Public Utilities	_____ Computer/Software
_____ Website	_____ Human Resources	_____ Emergency Mgmt.
_____ Other: _____		

Include any other comments you have here:

Please email your completed application to:

jnicholson@wallacenc.gov

OR, print and mail your completed application to:

Jackie Nicholson, Town Clerk
316 E. Murray St.
Wallace, NC 28466