



MEMORANDUM

TO: Mayor and Members of the City Council

FROM: E. Kirk Rivers, Mayor

DATE: January 20, 2023

REF: Consideration – Appointment to Senior Citizens Advisory Committee

BACKGROUND:

The Senior Citizens Advisory Committee was created by Section 58-59 of the City of Elizabeth City Code. The committee is composed of six members, three City residents appointed by the City Council and three County residents appointed by the County Commission. No member shall serve more than two consecutive terms without an intervening period of three years. Terms shall begin on July 1st. Two members serve four year terms, two serve three year terms and two serve two year terms (from each governing body).

ANALYSIS:

The Senior Citizens Advisory Committee has several members who need to be replaced and the Senior Center Coordinator, Stacy Williams is working to bring the board back up to speed. We have received an application from Cheryl Morrison, a 2nd Ward resident who has expressed interest in serving the community and our seniors on this particular committee.

MAYOR'S RECOMMENDATION:

By motion and ***roll call vote***, appoint Cheryl Morrison to the Senior Citizens Advisory Committee for a two-year term.



CITY OF ELIZABETH CITY

Application for Board, Committee or Commission Appointment

PLEASE NOTE: This application is a public record under North Carolina law and will be shared with third parties upon request and without notice. If there is any information you do not want released to the public, please do not include it.

Is this application for appointment or reappointment?

PLEASE TYPE OR PRINT CLEARLY:

1. Personal Information:

Name: Cheryl M Morrison
Mailing Address: 710 Harney St Email: CherylMorrison49@icloud.com
City and State: Eliz City NC Zip Code: 27909
Telephone: Home: 252-338-0009 Cell: 252-267-2734 Business: _____
*Sex: F *Race: B *Age: 73
**This information is requested for the sole purpose of assuring that a cross-section of individuals is appointed to serve our community.*

Employed By: _____ Current Position: _____

2. Where do you reside?

In Elizabeth City's City Limits? yes If so, which Ward? 2

In Elizabeth City's Extraterritorial Jurisdiction (ETJ)? _____

In Pasquotank County outside Elizabeth City's ETJ? _____

3. Are you currently serving on another board, committee or commission appointed by the City of Elizabeth City? If so, please identify:

NO

PLEASE NOTE: No resident of the City of Elizabeth City may serve in more than two appointed positions at one time in City of Elizabeth City government, unless exempted by nature of the position he or she may hold in governmental service.

4. If you previously served on a City board, committee or commission, did you fulfill your term to completion? _____

5. Please indicate by number your order of preference in serving on the following boards, committees or commissions:

- Alcoholic Beverage Control Board
- EC/PC Airport Authority
- Board of Adjustment
- Community Relations Commission
- Elizabeth City Housing Authority
- Historic Preservation Commission
- Central Communication Advisory
- Joint Animal Control Board

- Planning Commission
- Personnel Appeals Committee
- Parks and Recreation Advisory Board
- Senior Citizen Advisory Committee
- Storm Water Advisory Board
- Tourism Development Authority
- Urban Forestry Commission

6. List below any experience or qualifications you have that are relevant to the board/committee/commission for which you are applying. (Use additional sheet, if necessary.)

I think I can be a help to the community, fighting for housing for senior and homeless.

Applicant Statement:

I understand that I am applying for appointment to a board, committee or commission for the City of Elizabeth City; that I will be required to take an oath of office to uphold the constitutions of the United States and North Carolina and the laws of the same, if appointed; that I will be required to meet the attendance and training requirements of the City if I am appointed, and may be removed from office for failure to meet attendance requirements; that for members of those boards, commissions or committees established by the City Council as requiring annual disclosure, completion of the City's General Disclosure Form, required by Section 2-114 of the City's Code of Ethics Conflict of Interest Ordinance shall be completed by February 1 of each year; and that my application will remain on file for consideration for a period of three (3) years, after which time I will need to file a new application. I agree to comply at all times with all requirements of the office for which I am applying.

By my signature below, I hereby certify that all the information contained herein is true to the best of my knowledge and belief.

Date: 8-4-22 Signature: Cheryl M. Morrison

PLEASE SUBMIT THIS APPLICATION TO:
City Clerk's Office
P. O. Box 347
Elizabeth City, NC 27909
Fax: (252) 337-6956
Phone: (252) 337-6955
Email: vwhite@cityofec.com

OFFICE USE ONLY	
Residence:	
_____ Inside	
_____ ETJ	
_____ County	
Appointed:	_____
Term:	_____
Date:	_____