Lincolnton NC
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Daphne Ingram <dingram@lincolntonnc.org>

Online Form Submittal: Boards and Commissions Application

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Sun, Oct 13, 2024 at 10:49 PM

Boards and Commissions Application

Application for Boards/Commissions/Committees

Please complete each section

First Name	Taylor
Last Name	Eaddy
Date of Birth	6/5/1981
Home Street Address	222 E Carter St
Home City	Lincolnton
Home Zip Code	28092
Home Phone	*Field not completed.*
Cell Phone	919-360-1552
Email Address	tayloreaddy@gmail.com
Board/Commission/Committee Applying For:	Lincolnton Tourism Development Authority
Why are you interested in serving on this Board/Commission/Committee?	As a lifelong resident of Lincolnton, I understand its unique charm while also seeing its potential. I am passionate about helping it grow in a way that preserves its character while attracting new visitors. Serving on the LTDA would allow me to actively support the community I deeply care for by promoting events and initiatives that highlight our town's strengths. I firmly believe that promoting our local businesses and rich history is essential for fostering sustainable growth and building a vibrant local economy. My personal and professional experiences have equipped me with a unique lens that I believe will allow me to bring fresh ideas and a collaborative spirit to this board, helping to enhance our town's appeal. I'm excited about the opportunity to help make Lincolnton an even more dynamic destination for businesses and visitors alike.
Interest/Skills/Areas of Expertise/Professional	City related activities: Young Adult Steering Committee, Apple Drop, Downtown Meetup

Organization/Activities	Volunteer activities/organizations: Apple Festival, Alive After Five, Food Wine and Beer Fest, Speak Up for Children Skills/Areas of expertise: High level organizational skills, building relationships, streamlining processes and procedures Professional Organizations: ASHA, NCSHLA
Current Employer	Atrium Health at Home
Years in current position	1
Job Title	Clinical Operations Manager
Employer Phone Number	704-487-5225
Duties	-Hiring, orientation and training/supervision of clinical team -Oversees clinical documentation process for electronic medical record standardization and procedure implementation -Oversees supervision and regulatory compliance for field clinicians -Analyzes data to identify trends or barriers to the branch's financial and operational success and develop, implement, and maintain processes and procedures based on this data to meet quality and service goals
Other employment history	Atrium Health at Home- Speech Language Pathologist: 5 years

It is the City Council's goal to maintain a balance of membership on its Boards/Commissions/Committees based on race, gender and Council Ward residency.

Council Ward No.	Ward 3
Gender	Female
Ethnic Origin	White
Generally, the Council desires to broaden participation on Boards /Commissions /Committees for as much citizen involvement as possible; therefore, a goal is to limit appointees to no more than 1 Board/Commission/Committe e. Therefore, please list any other Board/Commission/Committe e on which you currently serve in the box below:	Young Adult Steering Committee

Affirmation of Eligibility:

Has any formal charge of professional misconduct, criminal misdemeanor or felony ever been filed against you in any jurisdiction?

Yes or No	No
If yes, please explain disposition	*Field not completed.*

Is there any conflict of interest or other matter that would create problems or prevent you from fairly and impartially discharging your duties as a appointee of the City Council?

Yes or No	No
If yes, please explain	*Field not completed.*

I understand this application is public record and I certify that the facts contained in this application are true and correct to the best of my knowledge. I authorize and consent to background checks and to the investigation and verification of all statements contained herein as deemed appropriate. I further authorize all information concerning my qualifications to be investigated and release all parties from all liability for any damages that may result from this investigation. I understand and agree that any misstatement may be cause for my removal from any Board/Commission/ Committee. I understand regular attendance to any Board/Commission/Committee is important and, accordingly, I further understand that if my attendance is less then the standards established for any such body that this is cause for removal. Lacking any written standards for attendance by any Board/Commission/Committee it is expected that I will attend at least 75% of all meetings during any one calendar year to maintain my seat on any Board/Commission/Committee to which I may be appointed. This form will remain on file in the Office of the City Clerk and requests for updates will be sought prior to any consideration for reappointment (or future appointment) to any Board/Commission/Committee.

Signature	L. Taylor Eaddy
Date	10/13/2024

Email not displaying correctly? View it in your browser.