**From:** noreply@civicplus.com
**To:** Kay Draughn; Kat Wright
**Subject:** Online Form Submittal: Burke County Appointment Application for Boards and Committees
**Date:** Thursday, November 13, 2025 2:30:39 PM

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# Burke County Appointment Application for Boards and Committees

| | |
|---|---|
| First Name | Anthony |
| Last Name | Frank |
| Address | 224 Riverside Dr |
| City | Morganton |
| State | North Carolina |
| Zip Code | 28655 |
| Home Phone Number | 2526701325 |
| Business Phone Number | *Field not completed.* |
| Cell Phone Number | 2526701325 |
| Email Address | ajfrankjr@gmail.com |
| | (Section Break) |
| Occupation | Physician |
| Retired From | *Field not completed.* |
| How did you hear about this opportunity? | Board / Committee Member |
| Are you currently serving on a county board or committee? | Yes |
| If so, please identify the board or committee. | Public Health Advisory Board |

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| Please indicate any community interests and activities that you are involved in. | *Field not completed.* |
| Do you reside in the extraterritorial jurisdiction of a municipality, which is generally a 1 to 3-mile perimeter outside the city limits? | No |

(Section Break)

List in order of preference the board and/or committee(s) on which you would like to serve.

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|---|---|
| First Choice | Public Health Advisory Board |
| Second Choice | EMS Peer Review Committee |
| Third Choice | *Field not completed.* |

(Section Break)

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| Most board or committee seats have no special requirement other than being a citizen of Burke County. Do you have special criteria that you would like to be considered for this appointment? | Physician |
| Describe why you are interested in serving on a board or committee. What goals and objectives do you have? | Continued service |
| Are you willing to attend board or committee meetings on a regular basis and comply with Article IV, Section 2-92 - | Yes |

| | |
|---|---|
| Attendance, of the Burke County Code of Ordinances? | |
| Please disclose any business or personal relationships that may be considered a conflict of interest if selected to serve on a board or committee. | EMS Medical Director<br>CMO UNC Health BR |
| Optional Remarks | *Field not completed.* |
| Optional - Click here to upload supporting documentation that you wish to be reviewed alongside your application. | *Field not completed.* |

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