From: noreply@civicplus.com
To: Kay Draughn; Kat Wright
Subject: Online Form Submittal: Burke County Appointment Application for Boards and Committees
Date: Wednesday, October 8, 2025 6:10:17 PM

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Burke County Appointment Application for Boards and Committees

First Name	Diane
Last Name	Patterson
Address	211 Sequoyah Cir
City	Morganton
State	NC
Zip Code	28655-6804
Home Phone Number	8284327407
Business Phone Number	*Field not completed.*
Cell Phone Number	8284327407
Email Address	diane5031@compascable.net
	(Section Break)
Occupation	recently retired registered nurse and certified case manager
Retired From	Partners Health Management
How did you hear about this opportunity?	Board / Committee Member
Are you currently serving on a county board or committee?	No
If so, please identify the board or committee.	*Field not completed.*

Please indicate any community interests and activities that you are involved in.	Was on Community Advisory Committee (2024/2025) but was unaware I needed to reapply and my appointment lapsed in May 2025. I would love to be reappointed as I felt I was able to make a difference. Active in local church and downtown interests.
Do you reside in the extraterritorial jurisdiction of a municipality, which is generally a 1 to 3-mile perimeter outside the city limits?	Yes
	(Section Break)
List in order of preference the board and/or committee(s) on which you would like to serve.	
First Choice	Adult Care & Nursing Home Community Advisory Committee
Second Choice	*Field not completed.*
Third Choice	*Field not completed.*
	(Section Break)
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?	Experienced with healthcare community as a RN, Case Manager, Home Health Nurse, and Educator
Describe why you are interested in serving on a board or committee. What goals and objectives do you have?	Goal: To help improve the quality of care for those in nursing homes, and any type of care home. Obj: Will make all required visits and complete all learnings required so I can be a better advocate/educator for this population.
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.	None
Optional Remarks	As I've stated, I would like to be reappointed to this committee as I feel I have a lot to offer and am very qualified. I just failed to reapply as I was unaware that my time had expired.
Optional - Click here to upload supporting documentation that you wish to be reviewed alongside your application.	*Field not completed.*

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