From: noreply@civicplus.com
To: Kay Draughn; Kat Wright
Subject: Online Form Submittal: Burke County Appointment Application for Boards and Committees
Date: Wednesday, October 1, 2025 6:21:31 PM

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Burke County Appointment Application for Boards and Committees

First Name	Paige
Last Name	Pitts
Address	112 Terrace Place
City	Morganton
State	NC
Zip Code	28655
Home Phone Number	828–443-5578
Business Phone Number	*Field not completed.*
Cell Phone Number	828-443-5578
Email Address	paigepitts@hotmail.com
	(Section Break)
Occupation	Volunteer Services
Retired From	JIRDC
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.	Council on Aging

Please indicate any community interests and activities that you are involved in.	WPCOG Area Agency on Aging- RAAC, BRCA Foster Grandparent Advisory Board , Burke Arts Council Member, Burke AARP new member, Governors Volinteer Service Awards
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	Council on Aging
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?	Have worked with Senior Programs and concerns for 20+ years.
Describe why you are interested in serving on a board or committee. What goals and objectives do you have?	I've served on this board for several terms as well as the RAAC and feel fortunate to be in a position to assist in service to area seniors.
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.	*Field not completed.*
Optional Remarks	I would like to continue serving on the Council of Aging.
Optional - Click here to upload supporting documentation that you wish to be reviewed alongside your application.	*Field not completed.*

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