



## APB ... Calling all Clerks!

### WSOS (We Share Our Services) *Help is only a Phone Call, Fax or Click Away!*

We all need help from time-to-time, and there is no better way to gain the knowledge needed than to lean on the expertise of “seasoned” clerks. Additionally, there’s nothing more fulfilling than knowing you have helped someone in need. Help is just a phone call, fax, or email away. Please take advantage of the North Carolina Association of Municipal Clerks’ (NCAMC) WSOS Mentoring Program that matches new clerks with experienced ones in cities and towns of comparable size and with similar duties. These mentors are willing, ready and able to share their expertise with those who are new to the world of clerks, and, you just might make a new friend along the way.

Mentors can help with a variety of questions or concerns dealing with agendas, minutes, ordinances, resolutions, and many other clerk responsibilities. In order to serve as a mentor you must have at least three years experience as a municipal or deputy clerk, and be committed to offering moral and professional help when needed.

If you are willing to serve as a mentor, or are a new clerk who would like to have a mentor assigned to you, please complete the WSOS Mentor/New Clerk Interest Form below. Completed forms should be returned to Sue Powell, Town of Mills River, 124 Town Center Dr, Mills River, NC 28759 or via email: [susan.powell@millsriver.org](mailto:susan.powell@millsriver.org)

Jump at this opportunity for another valuable resource, and/or the chance to make a new friend.

I would like to mentor/share my experience with another clerk. I have been a clerk/deputy clerk for \_\_\_ years. I have been in my current position for \_\_\_\_\_ years.

I would like to be paired with a mentor clerk. I have been a clerk for \_\_\_\_\_ months/years.

I am (check one)       hired by the town manager     appointed by council/board

Municipal Population: \_\_\_\_\_ NCLM District # \_\_\_\_\_

My other duties are:

---

---

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Municipality: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_  
\_\_\_\_\_