Application for Service on a City Committee or Board

NAME: _____

ADDRESS: _____

HOME PHONE: _____ **BUSINESS/CELL PHONE:** _____

DATE OF BIRTH: _____ **EMAIL ADDRESS:** _____

DRIVERS LICENSE NUMBER: _____

ARE YOU A CITY RESIDENT? **YES:** _____ **NO:** _____

HOW LONG HAVE YOU BEEN A CITY RESIDENT? _____

LIST PERSONAL REFERENCES: **TELEPHONE NUMBERS:**

1 _____

2 _____

(PLEASE NOTE: All applicants may be subject to a background check. Also, if appointed to certain boards you will be required to complete and file a Financial Disclosure Form, per Florida Statute)

LIST THREE BOARDS YOU ARE INTERESTED IN SERVING ON, AND REASONS WHY YOU ARE INTERESTED IN PARTICIPATING ON THESE BOARDS: (*List in order of preference)*

1 BOARD: _____ **INTEREST LEVEL:** _____

_____

_____

2 BOARD: _____ **INTEREST LEVEL:** _____

_____

_____

3 BOARD: _____ **INTEREST LEVEL:** _____

_____

_____

(Continued)

ARE YOU AVAILABLE TO ATTEND EACH MONTH ON A REGULAR BASIS OR ON AN EMERGENCY BASIS AS NEEDED? ***(See Attached List of Board Meeting Times)***

YES: _____ NO: _____

EXPAND ON YOUR FORMAL EDUCATION/PROFESSIONAL BACKGROUND AND HOW IT RELATES TO THE WORK OF THE BOARD(S) YOU HAVE LISTED. _____

_____

_____

_____

DETAIL YOUR EXPERIENCE WORKING WITHIN A COMMITTEE STRUCTURE: _____

_____

_____

_____

DETAIL YOUR EXPERIENCE IN ARTICULATING A COMPLEX THOUGHT IN A PUBLIC FORUM:

_____

_____

_____

DO YOU SEE ANY REAL OR PERCEIVED CONFLICT OF INTEREST BETWEEN YOUR OCCUPATION/ BUSINESS INTEREST AND THE WORK OF THE BOARDS YOU HAVE LISTED?

YES: _____ NO: _____

IF YES, PLEASE EXPLAIN:

_____

_____

_____

SIGNATURE: _____ **DATE:** _____

(Please return completed application to the City Clerk's Office)

Mailing Address:
City of Tarpon Springs
Attn: City Clerk's Office
P.O. Box 5004
Tarpon Springs, FL 34688-5004

or

Physical Address:
410 N. Ring Avenue

or

E-Mail Address:
Cityclerk1@ci.tarpon-springs.fl.us