



Application for Service on a City Committee or Board

Citizens Academy Graduate: _____

NAME: _____

ADDRESS: _____

HOME PHONE: _____ BUSINESS/CELL PHONE: _____

DATE OF BIRTH: _____ EMAIL ADDRESS: _____

DRIVERS LICENSE: Please attach a copy of your Drivers License with this application
(City Clerk's Office will retain copy only)

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: _____ **or** **Physical Address:** _____ **or** **E-Mail Address:** cityclerk1@ctsfl.us
City of Tarpon Springs 410 N. Ring Avenue
Attn: City Clerk's Office
P.O. Box 5004
Tarpon Springs, FL 34688-5004