



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@ctsfl.us