

CITY OF CLEARWATER - APPLICATION FOR ADVISORY BOARDS

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

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

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

\_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

How long a resident of Clearwater? \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Field of Education: \_\_\_\_\_

Other Work Experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If retired, former occupation: \_\_\_\_\_

Community Activities: \_\_\_\_\_

\_\_\_\_\_

Other Interests: \_\_\_\_\_

Board Service (current and past): \_\_\_\_\_

Board Preference: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

See attached list for boards that require financial disclosure at time of appointment. Please return this application and board questionnaire to the Official Records & Legislative Services Department, P. O. Box 4748, Clearwater, FL 33758-4748, or drop off your application at City Hall, 2nd Floor, 112 S. Osceola Avenue.

**Note:** For boards requiring Clearwater residency, this application must be accompanied by a copy of one of the following:

- Current voter registration within city limits
- Valid current Florida Drivers' License issued to an address within city limits
- Declaration of Domicile filed with the city clerk affirming residency within city limits

## BOARD QUESTIONNAIRE

1. What is your understanding of the board's duties and responsibilities?

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2. Have you ever observed a board meeting either in person or on C-View, the City's TV station?

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3. What background and/or qualifications do you have that you feel would qualify you to serve on this Board?

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4. Why do you want to serve on this Board?

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

Board Name: \_\_\_\_\_