

CITY OF WEST PALM BEACH
MAYOR'S OFFICE
POST OFFICE BOX 3366
WEST PALM BEACH, FL 33402-3366

APPLICATION TO SERVE ON CITY BOARDS, COMMITTEES AND COMMISSIONS

This application form will be utilized in considering you for appointment to a City board, committee or commission. All information provided on or with this form becomes a public record and is subject to public disclosure. All **BOARDS, COMMITTEES AND COMMISSIONS** are herein referred to as **COMMITTEES**.

NAME: _____ EMAIL: _____

MAILING OR DELIVERY ADDRESS: _____ ZIP _____

PREFERRED CONTACT TELEPHONE NOS.: _____

OCCUPATION (current or most recent): _____

DO YOU LIVE OR WORK IN THE CITY OF WEST PALM BEACH? LIVE WORK NEITHER
(Neighborhood: _____ if you live in the City)

ARE YOU CURRENTLY ON A CITY BOARD OR COMMITTEE YES NO
If so, which ones? _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME OR PLEAD GUILTY OR
NOLO CONTENDERE TO A CRIME OTHER THAN MINOR TRAFFIC INFRACTION? YES NO
If so, explain _____

HAVE YOU EVER BEEN FOUND TO HAVE VIOLATED A CODE OF ETHICS
FOR PUBLIC OFFICERS AND EMPLOYEES? YES NO
If "Yes", please provide the following information: Date: _____ Nature of Violation: _____
Disposition: _____

ON WHICH COMMITTEE(S) WOULD YOU PREFER TO SERVE AND WHY? _____

WHAT SPECIAL TALENTS, EXPERIENCE AND SKILLS DO YOU HAVE, INCLUDING CERTIFICATIONS, THAT WOULD
CONTRIBUTE TO YOUR SERVICE ON THE COMMITTEE(S) THAT YOU HAVE SELECTED? _____

PLEASE LIST ANY OTHER PUBLIC OR PRIVATE BOARDS OR COMMITTEES ON WHICH YOU SERVE WHETHER OR
NOT CONNECTED TO THE CITY. _____

PLEASE SUMMARIZE YOUR VOLUNTEER EXPERIENCE. _____

IN ORDER TO ENCOURAGE DIVERSITY IN SELECTIONS OF MEMBERS OF GOVERNMENT COMMITTEES, THE
FOLLOWING INFORMATION IS REQUIRED BY FLORIDA STATUTE 760.80 FOR SOME COMMITTEES. IF YOU HAVE
ANY QUESTIONS, CALL THE CITY ATTORNEY AT 561/822-1360.

Please check one:

RACE:

- African-American
- Asian-American
- Hispanic-American
- Native American
- Caucasian
- Not Known

GENDER:

- Male
- Female

PHYSICALLY DISABLED:

- Yes
- No

IF YOU WISH, YOU MAY ATTACH A RESUME.

Fill in and return form to the OFFICE OF THE MAYOR.

I HEREBY CERTIFY THAT THE STATEMENTS AND ANSWERS PROVIDED ARE TRUE AND ACCURATE. I
UNDERSTAND THAT ANY FALSE STATEMENTS MAY BE CAUSE FOR REMOVAL FROM A BOARD OR COMMITTEE IF
APPOINTED AND THAT CERTIFICATION AND TRAINING IS REQUIRED FOR SERVICE ON A CITY COMMITTEE

SIGNATURE _____ DATE _____