



Mr/Mrs/Ms:

APPLICATION TO SERVE ON A CHARLOTTE COUNTY ADVISORY BOARD

INCOMPLETE APPLICATIONS WILL BE RETURNED

	Las	t Ostrander	Fi	rst Edward	Middle Init	tial ^J	
Residence	Address:						
Street	1113 Boundary	y Blvd.	City	Rotonda West	Zip Code	33947	
Mailing A	ddress: sa	ame as above)				
Street	t				Zip Code		
Phone No.	•	Home 8	56-986-537	7.0	Business	302-773-3414	
FAX:		110ille 0	0	Dusiness	302-773-3414		
E-Mail Ac	ddress• osti	rane@yahoo.	com				
	bmit my name nmissioners or			rve in an advisory y Board:	capacity to the Bo	ard of Charlotte	
County Con Rotonda W	mmissioners or lest Street And L	n the followin	ng Advisor Intenance U Name	y Board: Unit of Advisory Board		ard of Charlotte	
County Con Rotonda W	mmissioners on lest Street And I for a specific c	n the followin	ntenance U Name of	y Board: Unit of Advisory Board		ard of Charlotte	
County Con Rotonda W If applying Occupation	mmissioners on lest Street And I for a specific c	n the following	ntenance U Name tion, please	y Board: Unit of Advisory Board		ard of Charlotte	
County Con Rotonda W If applying Occupation If currently	mmissioners or Vest Street And I	the following th	ng Advisory Intenance L Name Ition, please Sultant On:	y Board: Jnit of Advisory Board e so state:		ard of Charlotte	
County Con Rotonda W If applying Occupation If currently	for a specific c : Civil Engaretired, previous	the following th	ng Advisory Intenance L Name Ition, please Sultant On:	y Board: Jnit of Advisory Board e so state:		ard of Charlotte	
County Con Rotonda W If applying Occupation If currently	for a specific c : Civil Engaretired, previous	the following th	ng Advisory Intenance L Name Ition, please Sultant On:	y Board: Jnit of Advisory Board e so state:		ard of Charlotte	

APPLICATION TO SERVE ON A CHARLOTTE COUNTY ADVISORY BOARD – CONTINUED

In order to qualify a volunteer must both be a property owner within and reside within the Unit, and my qualifications to be eligible are as follows:

Am the homeowner and permanent resident at 1113 Boundary Blvd. Rotonda West, FL

Alli the nomeowner and permanent resident at 1113 boundary bivd. Rotonda West, FL
If applicable, please indicate any employment, contractual relationship or status that you <u>may have</u> , or <u>have had</u> within the past 12 months, with any private business entity that rents, leases or sells any realty, or provides any goods or services to the County or that is conducting any business with the County. **NONE**
Have you ever worked for the Charlotte County Board of County Commissioners? ☐ Yes ☒ No ➤ If "Yes", please list position, department, start and end date:
Do you have any relatives currently working for the Charlotte County Board of County Commissioners? Yes No If "Yes", please list name(s) and department(s):
Are you a full-time Charlotte County Resident? Yes No
Have you ever been convicted of a Felony or Misdemeanor? (Please be sure you understand the question, as failure to answer truthfully will disqualify you). \square Yes \bowtie No
Have you ever pled NO LO CONTENDRE or pled guilty to a crime which is a Felony or a Misdemeanor? (Please be sure you understand the question, as failure to answer truthfully will disqualify you).

APPLICATION TO SERVE ON A CHARLOTTE COUNTY ADVISORY BOARD – CONTINUED

- 1.) All of the Boards and Committees appointed by the Board of County Commissioners are required to comply with the Sunshine Law FS 286.011 and some of the Boards and Committees appointed by the Board of County Commissioners are required to comply with Chapter 112, Florida Statutes, the Financial Disclosure Law. You may be required to file a Form 1 Financial Disclosure. You will be provided with more information upon appointment.
- 2.) Charlotte County, an equal opportunity/affirmative action employer, considers the selection and appointment of persons to advisory boards in a non-discriminatory manner consistent with the requirements of Federal, State and Local non-discrimination laws.
- 3.) The Board of County Commissioners request that you attend the Commission meeting at which your application will be considered for appointment. This office will notify you of the Commission meeting date.
- 4.) Members who fail to attend two (2) meetings in a rolling twelve-month period shall automatically forfeit their appointment.

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	7	Si	gnature			Date

By signing this application, you acknowledge that you have read and understand the previous statements.

A résumé or list of qualifications and experience is requested but cannot replace this application form.

PLEASE RETURN THIS COMPLETED FORM TO:

Charlotte County Public Works
Municipal Service District Representatives
7000 Florida Street
Punta Gorda, FL 33950

OR EMAIL TO:

MSBU-TU@CharlotteCountyFl.gov