

APPLICATION TO SERVE ON A CHARLOTTE COUNTY ADVISORY BOARD

INCOMPLETE APPLICATIONS WILL BE RETURNED

| Mr/Mrs/Ms: Mr | | | | | | | | | |
|--------------------|------------------------|----------------------|-----------------------|--|--|--|--|--|--|
| Name: | Last VanOr | den First Leo | Middle Initial J | | | | | | |
| | | | | | | | | | |
| Residence Address: | | | | | | | | | |
| | | | | | | | | | |
| Street | 145 Tournament Road | City Rotonda West | Zip Code 33947 | | | | | | |
| | | | | | | | | | |
| Mailing Address: | | | | | | | | | |
| | | | | | | | | | |
| Street | 145 Tournament Road | City Rotonda West | Zip Code 33947 | | | | | | |
| | | | | | | | | | |
| Phone No. | | | | | | | | | |
| | Home | 973-558-0664 cell | Business | | | | | | |
| FAX: | | | | | | | | | |
| E-Mail | Address: leovanorden20 | 020@gmail.com | | | | | | | |

I hereby submit my name for consideration to serve in an advisory capacity to the Board of Charlotte County Commissioners on the following Advisory Board:

Rotonda West Street and Drainage Maintenance Unit

Name of Advisory Board

If applying for a specific category/position, please so state:

Occupation:

If currently retired, previous occupation: Operations Manager - Rustoleum Corporation, Newark NJ

Civic/Professional Accomplishments/Offices Held:

Retired

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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:

Resident of Rotonda West since September 2022.

39 years of manufacturing operational experience in the pigment, ink, toner and coatings industries.

| Career long involvement with | Federal, State and Local ag | gencies in regulator | ry compliance. |
|------------------------------|-----------------------------|----------------------|----------------|
|------------------------------|-----------------------------|----------------------|----------------|

If applicable, please indicate any employment, contractual relationship or status that you <u>may have</u>, or <u>have had</u> within the past <u>12 months</u>, 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.

| Have you ever worked for the Charlotte County Board of County Commissioners? □ Yes X 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). | | | | | | |

| Have you ever pled NO LO CONTENDRE or pled guilty to a crime which is a Feld | ony or a N | lisdemeanor? | (Please be sure you |
|--|------------|--------------|---------------------|
| understand the question, as failure to answer truthfully will disqualify you). | Yes | X No | |

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.

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

Leo J VanOrden

Signature

September 16, 2024

Date

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