

APPLICATION TO SERVE ON A CHARLOTTE COUNTY ADVISORY BOARD

INCOMPLETE APPLICATIONS WILL BE RETURNED

Mr/Mrs/Ms:		
Name: La	ist Slaughter First	
Gulf	Cove Street / Dro	anage MISBU
Residence Address:		
		FUnadotte Zip Code 33981
Street 5331 EVE	rest Terrace City Por	t mannic zip cout is
Mailing Address:		
Ctroot	City	Zip Code
Street		
Phone No. 302-14	38-11416	
	Home	Business
FAX:		
E-Mail Address:	Stslaughterave	crzonnet
I hereby submit my nan County Commissioners	ne for consideration to serve i on the following Advisory Bo	n an advisory capacity to the Board of Charlotte ard:
Gulf Corre é	Street Drain Name of A	age MSBU
	I Name of A	avisory Doard
If applying for a specific category/position, please so state: Florida		
Occupation:		
If currently retired, pre	vious occupation:	ired
Civic/Professional Acco	mplishments/Offices Held:	

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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: Board Menuber for Bulf Core St + Drainage MSBU
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.
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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 X 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 Felony or a Misdemeanor? (Please be sure you anderstand the question, as failure to answer truthfully will disqualify you).

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- 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.

Signature — 4-18 &

PLEASE RETURN THIS COMPLETED FORM TO:

Charlotte County Public Works

Municipal Service District Representatives

7000 Florida Street

Punta Gorda, FL 33950

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

OR EMAIL TO:

MSBU-TU@CharlotteCountyFl.gov