

APPLICATION TO SERVE ON A CHARLOTTE COUNTY ADVISORY BOARD

| □ New Applicant □ Re-Appointment INCOMPLETE APPLICATIONS WILL BE RETURNED | | | | |
|--|--------|-------|----------------|--|
| | | | | |
| Name: | Last | First | Middle Initial | |
| | | | | |
| Residence Ad | dress: | | | |
| | | | | |
| Street | | City | Zip Code | |
| | | | | |
| Mailing Addr | ess: | | | |
| | | | 5. 6. | |
| Street | | City | Zip Code | |
| D 1 D 1 | | | | |
| Phone No. | ** | | D . | |
| DAN | Home | | Business | |
| FAX: | | | | |
| E-Mail Addre | ess: | | | |
| 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: | | | | |
| County Commissioners on the following Advisory Duard. | | | | |
| Name of Advisory Board | | | | |
| If applying for a specific category/position, please so state: | | | | |
| Occupation: | | | | |
| If currently retired, previous occupation: | | | | |
| Civic/Professional Accomplishments/Offices Held: | | | | |
| CIVICITI OTCOSTORIAL ACCOMPRISHMENTS/OTHERS TICIU. | | | | |

APPLICATION TO SERVE ON A CHARLOTTE COUNTY ADVISORY BOARD – CONTINUED

| My qualifications to be eligible are as follows: | | | |
|---|--|--|--|
| | | | |
| 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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| | | | |
| Is this application for a new appointment? | | | |
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| | | | |
| Is this application for a re-appointment? | | | |
| ➤ If yes, please indicate what your accomplishments have been while serving on this Board: | | | |
| | | | |
| | | | |
| > If "Yes", please indicate what you would like to accomplish during this term: | | | |
| | | | |
| | | | |
| If you have previously served on a Charlotte County Advisory Board or are currently serving and seeking reappointment, please indicate the number and general nature of any voting conflict disclosure memorandum filed (Form 8B) while serving on the board: | | | |
| | | | |
| Have you ever worked for the Charlotte County Board of County Commissioners? | | | |
| > 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? | | | |
| > If "Yes", please list name(s) and department(s): | | | |
| Are you a full-time Charlotte County Resident? | | | |

| | ever been convicted of a Felony or Misdemeanor will disqualify you). Yes No | ? (Please be sure you understand the question, as failure to answer | |
|----------|--|--|--|
| > I | f "Yes", please explain: | | |
| | ever pled NO LO CONTENDRE or pled guilty to nd the question, as failure to answer truthfully wi | o a crime which is a Felony or a Misdemeanor? (Please be sure you ll disqualify you). | |
| > I | f "Yes", please explain: | | |
| | | ON TO SERVE ON A Y ADVISORY BOARD – CONTINUED | |
| 1.) | comply with the Sunshine Law FS 286.01 Board of County Commissioners are re | nted by the Board of County Commissioners are required to 11 and some of the Boards and Committees appointed by the equired to comply with Chapter 112, Florida Statutes, the required to file a Form 1 Financial Disclosure. You will be pointment. | |
| 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 you application will be considered for appointment. This office will notify you of the Commission meetin date. | | |
| 4.) | Members who fail to regularly attend meetings may automatically forfeit their appointment. | | |
| By signi | ng this application, you acknowledge that y | ou have read and understand the previous statements. | |
| | Signature | Date | |

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

PLEASE RETURN THIS COMPLETED FORM TO:

Charlotte County Board of County Commissioners
Attn: Executive Assistants
18500 Murdock Circle
Port Charlotte, FL 33948

OR EMAIL TO:

Assistant@CharlotteCountyFL.gov