



## APPLICATION TO SERVE ON A CHARLOTTE COUNTY ADVISORY BOARD

☒ New Applicant    ☐ Re-Appointment

INCOMPLETE APPLICATIONS WILL BE RETURNED

Mr/Mrs/Ms:			
Name:	Last	First	Middle Initial
	Sluzewski, Jr.	Richard	E.
Residence Address:			
Street	820 Napoli Ln.	City Punta Gorda	Zip Code 33950
Mailing Address: As above			
Same			
Street		City	Zip Code
Phone No.	Cell *		
	Home 941-639-2009	Business	219-588-3324
FAX:	preferred		
E-Mail Address:	RSluzewskidpm@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:

**Marine Advisory Committee (MAC)**

Name of Advisory Board

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

Occupation: Retired

If currently retired, previous occupation: Podiatrist

Civic/Professional Accomplishments/Offices Held: Please see attached resume.

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CHARLOTTE COUNTY ADVISORY BOARD – CONTINUED**

My qualifications to be eligible are as follows:

- 1) I desire to learn understand the functions & workings of the MAC.  
2) With a life long passion for all things boating I've developed a knowledge base & hope to contribute to the MAC in a positive way. 3) Support & give back to our community including all of our water resources.

If applicable, please indicate any employment, contractual relationship or status that you may have, or have had 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.

NA

Is this application for a new appointment? ☒ Yes ☐ No

If yes, please indicate what you would like to accomplish if you are appointed to this Board:

- 1) Learn the workings of the MAC - 2) Contribute to the Charlotte Harbor community by supporting worthy County wide marine & water based initiatives.

Is this application for a re-appointment? ☐ Yes ☒ No

➤ 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:

NA

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). ☐ Yes ☒ No

➤ If "Yes", please explain: \_\_\_\_\_

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). ☐ Yes ☒ No

➤ If "Yes", please explain: \_\_\_\_\_

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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 regularly attend meetings may automatically forfeit their appointment.

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



Signature

6/1/2025

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](mailto:Assistant@CharlotteCountyFL.gov)