



CITY OF ORMOND BEACH

Advisory Board Interest Sheet

Name: _____

Thank you for your interest in serving the City of Ormond Beach as a member of one of the City's advisory boards. Please complete the following information so that the City Commission may learn about you and your interests.

Please mark the advisory board(s) for which you wish to be considered:

- _____ Aviation Advisory Board
- _____ Brownfield Advisory Board
- _____ Board of Adjustment and Appeals *
- _____ Budget Advisory Board
- _____ Citizens' Law Enforcement Advisory Board
- _____ General Employees' Pension Fund *
- _____ Historic Landmark Preservation Board
- _____ Housing Authority
- _____ Human Resources Board
- _____ Leisure Services Advisory Board
- _____ Municipal Firefighters' Pension Trust Fund *
- _____ Municipal Police Officers' Pension Trust Fund *
- _____ Neighborhood Improvement Advisory Board
- _____ Planning Board *
- _____ Quality of Life Advisory Board

ALL ADVISORY BOARDS ARE SUBJECT TO THE "SUNSHINE LAW"

Advisory board members are required to be residents of the City of Ormond Beach and are required to meet attendance requirements.

*Members of these advisory boards are required to file a financial disclosure form within 30 days of appointment to the board.

PERSONAL

Name: _____

Home Address: _____

Office Address: _____

Home Telephone: _____ Office Telephone: _____

E-mail Address: _____

Present Occupation: _____

City Commission zone in which you live: _____

How long have you been a resident of Ormond Beach: _____

How long have you lived in Volusia County: _____

Are you currently serving on a City advisory board: _____

Have you ever served on a City advisory board: _____

If yes, when and which board: _____

EDUCATION

High School: _____ Date Graduated: _____

College: _____ Date Graduated: _____

Degree: _____

Other Training: _____

EXPERIENCE

Company/Employer and type of business or area of experience: _____

Company/Employer and type of business or area of experience: _____

Company/Employer and type of business or area of experience: _____

COMMUNITY INVOLVEMENT

Please list civic, religious, fraternal, etc., affiliations:

<u>Organization:</u>	<u>Activity:</u>	<u>Dates:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

INTEREST

Please provide a brief statement concerning your interest in advisory boards and your willingness to serve as a member.

AVAILABILITY

When would you be available for meetings:

Mornings: _____ Afternoons: _____ Evenings: _____

CONFLICT OF INTEREST

Can you think of any situation that might constitute a conflict of interest if you are selected to serve on an advisory board on which you may be interested in serving?

REFERENCES

Please list three business or personal references:

Name: _____	Occupation: _____
Address: _____	Home Phone: _____
_____	Work Phone: _____

Name: _____ Occupation: _____

Address: _____ Home Phone: _____

_____ Work Phone: _____

Name: _____ Occupation: _____

Address: _____ Home Phone: _____

_____ Work Phone: _____

A resume or separate sheet with additional information may be included.

(Signature)

(Date)

Note: If you have questions concerning the duties and responsibilities of any of the advisory boards, please contact the City Clerk's office at 386-676-3225 or email cityclerk@ormondbeach.org.

Return this form to:

City Clerk
City of Ormond Beach
Post Office Box 277
Ormond Beach FL 32175-0277