



CITY OF NEW SMYRNA BEACH ADVISORY BOARDS AND COMMISSIONS VOLUNTEER APPLICATION

Thank you for your interest in serving the City of New Smyrna Beach. Completing this application is necessary so the City Commission can review it as part of their consideration of your appointment.

Please check the boards you wish to be considered for and number the order of the preference of your choice(s).

- | | |
|--|--|
| <input type="checkbox"/> Airport Advisory Board | <input type="checkbox"/> Historic Preservation Commission* |
| <input type="checkbox"/> Animal Control Board Member | <input type="checkbox"/> Housing Authority |
| <input type="checkbox"/> Building Trades Board | <input type="checkbox"/> Library Advisory Board |
| <input type="checkbox"/> Community Redevelopment Agency* | <input type="checkbox"/> Leisure Activities Advisory Board |

(Note: CRA applicants must reside in, work in or own a business in the District)

- | | |
|--|---|
| <input type="checkbox"/> Code Enforcement Board* | <input type="checkbox"/> Personnel Board |
| <input type="checkbox"/> Community Development Block Grant Board* (Note: Shall reside in an area defined by Volusia County Community Assistant as eligible to be served by CDBG Funds.) | |
| <input type="checkbox"/> Economic Development Advisory Board* | <input type="checkbox"/> Planning/Zoning Board* |
| <input type="checkbox"/> Fire Pension Board* | <input type="checkbox"/> Police Pension Board* |
| <input type="checkbox"/> Golf Advisory Board | <input type="checkbox"/> Utilities Commission |

OTHER _____

ALL OF THE ABOVE BOARDS ARE SUBJECT TO THE SUNSHINE LAW. MEMBERS OF THE BOARD/COMMISSIONS WITH AN ASTERISK (*) ARE REQUIRED TO FILE FINANCIAL DISCLOSURES WITHIN 30 DAYS OF APPOINTMENT.

_____ Full Name

_____ Street City State Zip Code

Home Phone Including Area Code

Business Phone Including Area Code

Are you a registered voter in New Smyrna Beach? ___ Yes ___ No Precinct #: _____

City Commission District: _____

How long have you been a New Smyrna Beach Resident? _____

Have you ever been convicted of a Federal or State felony as defined by State Law? (F.S. 775.08): ___ Yes ___ No

Please Note: For the purposes of this question, any person who pleads guilty or nolo contendere or who is found guilty shall be deemed to have been convicted, notwithstanding a suspension of sentence or a withholding of adjudication.

If yes, please state when and what felony (ies)

Are you currently serving on a City board? _____ If yes, when were you appointed and to which board? _____

REFERENCES: Please list three business and/or personal:

Name, address and telephone number

Name, address and telephone number

Name, address and telephone number

EDUCATIONAL INFORMATION:

High School: _____

College: _____

Degree(s): _____

WORK EXPERIENCE:

COMMUNITY INVOLVEMENT:

INTERESTS/ACTIVITIES:

WHY DO YOU WANT TO SERVE ON THIS (THESE) BOARD(S)?

You may include a resume or separate sheet with additional information.

Any member appointed by the City Commission to a board or commission of the City of New Smyrna Beach who misses more than three (3) consecutive meetings (including two [2] regular meetings) or misses more than four (4) regular meetings in a calendar year of the board or commission shall be automatically removed from that board or commission. The City Commission at its next regular meeting shall be advised that the seat on the board or commission has become vacant. The City Commission shall fill the unexpired term of the vacant seat.

I understand the responsibilities associated with being a board member and I have adequate time to serve, if appointed.

Signature

Date

If you have specific questions concerning the duties and responsibilities of any of the listed boards, please contact the City Clerk's office at 386-424-2112. **Return this application to the City Clerk, City Hall, 210 Sams Avenue, New Smyrna Beach, FL 32168.**

YOUR INTEREST IN SERVING YOUR COMMUNITY IS APPRECIATED