



# 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"/> Housing Authority                          |
| <input type="checkbox"/> Animal Control Board   | <input type="checkbox"/> Leisure Activity Advisory Board            |
| <input type="checkbox"/> Building Trades Board  | <input type="checkbox"/> Neighborhood Council                       |
| <input type="checkbox"/> Code Enforcement Board*  | <input type="checkbox"/> Personnel Board                            |
| <input type="checkbox"/> Economic Development Advisory 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"/> Fire Pension Board*  | <input type="checkbox"/> Planning/Zoning Board*                     |
| <input type="checkbox"/> Golf Advisory Board  | <input type="checkbox"/> Police Pension Board*                      |
| <input type="checkbox"/> Historic Preservation Commission*  | <input type="checkbox"/> Turnbull Creek Land Preservation Committee |
|   | <input type="checkbox"/> Utilities Commission                       |
|   | <input type="checkbox"/> 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 Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Including Area Code: \_\_\_\_\_

Business Phone Including Area Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

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, telephone number and email

\_\_\_\_\_  
Name, address, telephone number and email

\_\_\_\_\_  
Name, address, telephone number and email

**EDUCATIONAL INFORMATION:**

High School: \_\_\_\_\_

College: \_\_\_\_\_

Degree(s): \_\_\_\_\_

**WORK EXPERIENCE:**

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**COMMUNITY INVOLVEMENT:**

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**INTERESTS/ACTIVITIES:**

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

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**DO YOU HAVE ANY BUSINESS THAT COULD POTENTIALLY COME BEFORE THIS BOARD DURING YOUR TERM? IF YES, DESCRIBE.**

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**HAVE YOU HAD BUSINESS BEFORE THIS BOARD IN THE PAST FIVE (5) YEARS? IF YES, DESCRIBE.**

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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 386-410-2630. **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**