



## VOLUNTEER BOARD AND COMMITTEE APPLICATION

Thank you for your interest in serving the City of Palm Coast.

Your completion of this application is necessary so that the members of the City Council can thoroughly review each application as part of their consideration of your appointment.

**Please be advised that background screening of all applicants is required.**

**Résumés may be attached.**

Please check the Board/Committee/Council for which you are applying:

<input type="checkbox"/> Beautification & Environmental Advisory Committee *	<input type="checkbox"/> Planning & Land Development Regulation Board ** ♠ *
<input type="checkbox"/> Code Enforcement Board *	<input type="checkbox"/> Volunteer Firefighters' Pension Fund Board *
<input type="checkbox"/> Citizen's Advisory Committee	<input type="checkbox"/> Bicycle and Pedestrian Advisory Committee
<input type="checkbox"/> Residential Drainage Citizen Advisory Committee *	<input type="checkbox"/> Charter Review Committee
<input type="checkbox"/> Parks & Recreation Advisory Board	
<input type="checkbox"/> Flagler County Housing Task Force/Affordable Housing Advisory Council: <div style="margin-left: 20px;"> <input type="checkbox"/> Citizen from the City of Palm Coast representing essential services personnel  <input type="checkbox"/> Representative of residential home building industry         </div>	

\* Appointees must file a Financial Disclosure Form 1 at time of appointment and **ANNUALLY** thereafter with the Florida State Commission on Ethics.

\*\* Appointees will also serve on the Citizens' Advisory Task Force

♠ Requires at least one board member to be appointed from **EACH** City Council District, when possible.

**ALL CITY BOARDS AND COMMITTEES ARE SUBJECT TO THE SUNSHINE LAW AND PUBLIC RECORDS LAW.**

RE-APPOINTMENT      ☐ Yes    ☐ No

### 1. PERSONAL

Name: \_\_\_\_\_ E-mail address \_\_\_\_\_

Residence Address: \_\_\_\_\_ District # \_\_\_\_\_

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

Mailing Address (If Different from Residence): \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

How long have you been a permanent resident of Palm Coast? \_\_\_\_\_

What year did you become a continuous resident of the City of Palm Coast? \_\_\_\_\_

List all places of residence for the last five years.

Address	City & State	From	To

Are you a registered voter in Flagler County? ☐ Yes ☐ No

Have you ever used or been known by any other legal name? ☐ Yes ☐ No

If yes, explain: \_\_\_\_\_

Are you a citizen of the United States? ☐ Yes ☐ No

If no, explain: \_\_\_\_\_

If you are a naturalized citizen of the United States, date of naturalization: \_\_\_\_\_

**2. EMPLOYMENT HISTORY** (A résumé may be attached at the option of the applicant) (If retired, please still list your previous occupation and employment history.)

If retired, please list your occupation before retirement: \_\_\_\_\_

Occupation: \_\_\_\_\_ Current Employer: \_\_\_\_\_

Current Business Address: \_\_\_\_\_

City State Zip Phone #

List all of your employment history during the last five years. Include employers' name, business address, type of business, occupation, or job title and period(s) of employment.

Employer & Address Type of Business Occupational Title Period of Employment

Have you ever been employed by any state, district, or local governmental agency in Florida? ☐ Yes ☐ No

If yes, identify the position(s), the name(s) of the employing agency and the period of employment.

Position Employee Agency Period of Employment

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### 3. EDUCATION

High School: \_\_\_\_\_ Year Graduated: \_\_\_\_\_  
Name & Location

List postsecondary educational institutions or programs attended:

Name & Location

Dates Attended

Certificate/Degrees Received

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### 4. MILITARY SERVICE

Are you or have you ever been a member of the Armed Forces? ☐ Yes ☐ No

Date of Service: \_\_\_\_\_

Branch or Component: \_\_\_\_\_

Date and Type of Discharge: \_\_\_\_\_

### 5. INTEREST/ACTIVITIES/COMMUNITY AND/OR CIVIC INVOLVEMENT?

Are you currently or have you ever served on any City Volunteer Board or Committee? ☐ Yes ☐ No

If yes, which Board  
or Committee?

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List any business, professional, occupational, civic, or fraternal organizations or community groups of which you have been a member during the past five (5) years.

Name of Organization(s)

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### 6. QUALIFICATIONS FOR APPOINTMENT

State your experiences and interests or elements of your personal history that qualify you for this appointment.

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Have you received any degree(s), professional certification(s), or designation(s) related to the subject matter of this appointment? If yes, list below: ☐ Yes ☐ No

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Do you currently hold any office or position (appointive, civil service, or other) with any government entity? If yes, list below: ☐ Yes ☐ No

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Have you ever been elected or appointed to any public office? If yes, list below: ☐ Yes ☐ No

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<u>Office Title</u>	<u>Date of Election or Appointment</u>	<u>Term of Office</u>	<u>Level of Government</u>
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Have you or a business of which you have been an owner, officer, or employee, held any contractual or other direct dealings during the last four (4) years with City government, including the office or agency to which you have been appointed or are seeking appointment? ☐ Yes ☐ No If yes, explain below:

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<u>Name of Business</u>	<u>Relationship to the Business</u>	<u>Business Relationship to Agency</u>
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Have you held or do you hold any occupational or professional licenses(s) in the State of Florida? ☐ Yes ☐ No If yes, provide the information below. If any disciplinary action (fine, probation, suspension, revocation, disbarment, etc.) has been taken against you by the issuing authority, state the type and date of this action.

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<u>License/certificate Title &amp; No.</u>	<u>Original Date of Issuance</u>	<u>Issuing Authority</u>	<u>Disciplinary Action/Date</u>
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How do you believe that your education, experience, talents and skills will benefit the work of the Board or Committee and are you willing to act as a decision maker and not as an advocate, if required by law?

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What is your understanding of the relationship of this Board or Committee to the City Council?

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**7. REFERENCES – Please list three references (business and/or personal)**

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Name, Address & Telephone Number

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Name, Address & Telephone Number

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Name, Address & Telephone Number

## 8. ACKNOWLEDGMENT

*If required by law, will you file a financial disclosure statement?*

☐ Yes

☐ No

I understand the responsibilities associated with being a member of a City Board or Committee and that I may be subject to financial disclosure laws and ex parte communications rules and that I will be subject to the Code of Ethics for Public Officers and Employees and City rules of conduct.

I certify that I have adequate time to serve if appointed and that I will serve in accordance with the requirements of the Board or Committee to which I am appointed.

**Further, by executing this application below,** I am authorizing City staff to perform a personal background screening, which shall include a general criminal records check and other checks relative to the board or committee for which I am applying.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**NOTE:** If you have questions concerning the duties and responsibilities of any of the above Boards or Committees please contact the City Clerk.

**RETURN TO:** City Clerk  
City of Palm Coast  
160 Lake Ave.  
Palm Coast, Florida 32164

**PHONE:** 386-986-3713

**EMAIL:** [cityclerk@palmcoastgov.com](mailto:cityclerk@palmcoastgov.com)

**WEBSITE:** [www.palmcoastgov.com](http://www.palmcoastgov.com)

**ALL CITY BOARDS AND COMMITTEES ARE SUBJECT TO THE SUNSHINE LAW AND PUBLIC RECORDS LAW.**

**SUNSHINE LAW:** The primary purpose of Government in the Sunshine Law is to assure public access to the decision-making processes of public boards and commissions. The Sunshine Law extends to discussions and deliberations as well as to formal actions taken by boards and commissions.