

PASCO COUNTY BOARD OF COUNTY COMMISSIONERS

West Pasco Government Center 8731 Citizens Drive, Suite 340 New Port Richey, FL 34654

Phone: (727) 847-8115 Fax: (727) 815-7010

APPLICATION FOR ADVISORY BOARD/COMMITTEE/COMMISSION

Advisory Board/Committee/Commission you are applying for:	
Are you willing to be considered for an alternate Board/Committee/Commission Yes \(\Boxed{1.5}\) No \(\Boxed{1.5}\)	
Are you a registered veter? (All of all one in the standard for the standa	_
Are you a registered voter? (Need only answer if a requirement for the entity for which you are applying) Yes \Box No)
Name	
Address	
City State Zip	
reside in Commission District # (can be found on back of your Voter Registration Card)	
Are you a Year Round Resident? Yes □ No □	
Do you reside in the unincorporated area? Yes □ No □	
If no, please indicate city:	
Home Phone Work Phone Cell Phone	
Email	
Employer	
Address	
	1
Occupation (if retired, please indicate)	
Please list any governmental Advisory Boards/Committees/Commissions on which you currently serve	
The Board of County Commissioners strives to ensure equal access for minorities and women to serve on advisory boards/commissions. Completing this information will help the County Commissioners Office compile information needed to with Florida State Statutes 760.80. African American Asian American American Other Hispanic American Native American Other	o comp
For Office Use Only	
Received:Entered:	
Meets Qualifications: Yes No Forwarded to Department: Action: Action:	
Letter Sent:	

APPLICATION FOR ADVISORY BOARD/COMMITTEE/COMMISSION

Complete the following. Please describe those facets of your background/experience which you feel may be useful for membership on this Board/Committee/Commission.

Academic - Degrees, Diplom	as				
Professional - Certification				_	
Knowledge - Training, intere	st or experience				
	<u> </u>				
Community Involvement - L	ist organizations/po	sitions			
└ Organizations - <i>Membership</i>	٩				
Organizations womborship	<u>9</u>				
IMPORTANT INFORMATION 1. Eligibility for membership on certa		nittees/commissions requires a valid vo	ter registrat	ion card.	
Membership on certain advisory b	oards/committees/comm	nissions requires financial disclosure or a public document to be made available	the submiss	sion of other information	١.
		ards, Committees, Authorities, Councils,			of County
		a does not discriminate upon the basis ctions including one's access to, particip			
		o needs any accommodation in order to . Within two working days of your recei			
		et, New Port Richey, FL 34654; (727)			
neaning impaned.					
		s application, I acknowle	edge thi	is constitutes n	ny
signature under the Flo	rida Electronic	Signature Act.			
Electronic Signature	Type Name		Date		
	. , , ,			I	- 1

PLEASE NOTE: Application will remain active for one (1) year. Resumes may be included; however, the application MUST still be completed.

Revised 5/9/2018

Read Important Information section, then sign the application.