APPLICATION/VOLUNTEER
FOR APPOINTMENT TO A CITY BOARD

NAME (Please print):_____DATE:_____

ADDRESS:_____

Street City/State/Zip

PHONE NUMBER(S):_____

Home Work Alternate/Cellular

AREA(S) OF EXPERTISE/INTEREST:_____

_____

_____

BOARD(S) DESIRED:_____

_____

_____

PERSONAL INFORMATION (EMPLOYMENT, POSITIONS HELD, CIVIC OR VOLUNTEER WORK):_____

_____

_____

WHY DO YOU WANT TO BE APPOINTED TO A CITY BOARD?_____

_____

_____

PLEASE NOTE: The State of Florida Commission on Ethics requires members of certain advisory boards to file financial disclosure forms.

PLEASE SUBMIT COMPLETED APPLICATION TO:

CITY CLERK'S OFFICE

In person: 300 North Park Avenue, 2nd Floor

By mail: Post Office Box 1788, Sanford, Florida 32772-1788

By email: dougherj@sanfordfl.gov

By fax: 407.688.5011

For information call 407.688.5010

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