

## ST. AUGUSTINE BEACH CITY COMMISSION BOARD AND COMMITTEE APPLICATION

## FOR APPOINTMENTS TO COMMITTEES INVOLVED IN LAND USE

Date received by City \_\_\_\_\_

Thank you for your expressed interest in being considered for appointment to committees, boards, commissions, or advisory groups appointed by the City Commission. The Commission appreciates your willingness to serve your fellow citizens in a volunteer capacity. Please complete this application to the best of your ability. (You may attach a resume and/or additional data. Please reference attachments in the appropriate section(s).)

Name:
Address:
Phone #: E-Mail Address:
How long have you been a legal resident of the City of St. Augustine Beach?
I am a full-time part-time resident.
I am am not a registered voter in St. Johns County.
List all active professional licenses and certifications:
Educational background:
Past work experience:

Please list all civic clubs, professional organizations, or public interest groups of which you are a member or in which you have been active: (attached additional sheet if necessary).

1.\_\_\_\_\_

Please list the location and size of all parcels of property in St. Augustine Beach of which you have ownership: \_\_\_\_\_

4.

Please list any companies/industries doing business in St. Augustine Beach in which you have a financial interest (i.e., proprietary, partnership, stock holdings, etc.)

Please indicate by preference all City boards, committees, or councils in which you have an interest:

1.	Code Enforcement Board	
2.	Comprehensive Planning & Zoning Board	
3.	Other	
I am a	available for meetings	
a.	During the day only	
b.	Evenings only	
C.	Anytime	

3. \_\_\_\_\_

List three (3) personal or professional references:

1.	
2.	
3.	

You may use this space for a brief biographical profile or to list certain skills you possess that may be relevant to the appointment you are seeking. Please indicate whether you have had experience with the reading of blueprints, technical drawings or diagrams. (Indicate below if you are attaching a resume.)

NOTE: All information provided will become a matter of public record and will be open to the public. If you require special accommodations because of a disability to participate in the application/selection process, you must notify the City Commission in advance. This application will be kept for one (1) year, at which time you must notify the City Commission of your intent to remain an active applicant and update your application accordingly or it will be removed from the active file.

I hereby authorize the City of St. Augustine Beach or its representatives to verify all information provided, and I further authorize the release of any information by those in possession of such information which may be requested by the City. I certify that all information provided herein is true and accurate to the best of my knowledge. I understand that a volunteer position provides for no compensation except that as may be provided by Florida Statutes or other enabling legislation.

Signature

Date

Please return completed application to:

The City of St. Augustine Beach 2200 A1A South St. Augustine Beach, FL 32080 Phone (904) 471-2122 FAX (904) 471-4108

Thank you for your interest!