

CITY OF WEST PALM BEACH  
MAYOR'S OFFICE  
POST OFFICE BOX 3366  
WEST PALM BEACH, FL 33402-3366

APPLICATION TO SERVE ON CITY BOARDS, COMMITTEES AND COMMISSIONS

This application form will be utilized in considering you for appointment to a City board, committee or commission. All information provided on or with this form becomes a public record and is subject to public disclosure. All BOARDS, COMMITTEES AND COMMISSIONS are herein referred to as COMMITTEES.

NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_

MAILING OR DELIVERY ADDRESS: \_\_\_\_\_ ZIP \_\_\_\_\_

PREFERRED CONTACT TELEPHONE NOS.: \_\_\_\_\_

OCCUPATION (current or most recent): \_\_\_\_\_

DO YOU LIVE OR WORK IN THE CITY OF WEST PALM BEACH?       LIVE       WORK       NEITHER  
(Neighborhood: \_\_\_\_\_ if you live in the City)

ARE YOU CURRENTLY ON A CITY BOARD OR COMMITTEE       YES       NO  
If so, which ones? \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIME OR PLEAD GUILTY OR  
NOLO CONTENDERE TO A CRIME OTHER THAN MINOR TRAFFIC INFRACTION?       YES       NO  
If so, explain \_\_\_\_\_

HAVE YOU EVER BEEN FOUND TO HAVE VIOLATED A CODE OF ETHICS  
FOR PUBLIC OFFICERS AND EMPLOYEES?       YES       NO  
If "Yes", please provide the following information:    Date: \_\_\_\_\_ Nature of Violation: \_\_\_\_\_  
Disposition: \_\_\_\_\_

ON WHICH COMMITTEE(S) WOULD YOU PREFER TO SERVE AND WHY? \_\_\_\_\_

WHAT SPECIAL TALENTS, EXPERIENCE AND SKILLS DO YOU HAVE, INCLUDING CERTIFICATIONS, THAT WOULD  
CONTRIBUTE TO YOUR SERVICE ON THE COMMITTEE(S) THAT YOU HAVE SELECTED? \_\_\_\_\_

PLEASE LIST ANY OTHER PUBLIC OR PRIVATE BOARDS OR COMMITTEES ON WHICH YOU SERVE WHETHER OR  
NOT CONNECTED TO THE CITY. \_\_\_\_\_

PLEASE SUMMARIZE YOUR VOLUNTEER EXPERIENCE. \_\_\_\_\_

IN ORDER TO ENCOURAGE DIVERSITY IN SELECTIONS OF MEMBERS OF GOVERNMENT COMMITTEES, THE  
FOLLOWING INFORMATION IS REQUIRED BY FLORIDA STATUTE 760.80 FOR SOME COMMITTEES. IF YOU HAVE  
ANY QUESTIONS, CALL THE CITY ATTORNEY AT 561/822-1360.

|  |                                 |                              |
|--|---------------------------------|------------------------------|
| Please check one:                          |                                 |                              |
| <b>RACE:</b>                               | <b>GENDER:</b>                  | <b>PHYSICALLY DISABLED:</b>  |
| <input type="checkbox"/> African-American  | <input type="checkbox"/> Male   | <input type="checkbox"/> Yes |
| <input type="checkbox"/> Asian-American    | <input type="checkbox"/> Female | <input type="checkbox"/> No  |
| <input type="checkbox"/> Hispanic-American |                                 |                              |
| <input type="checkbox"/> Native American   |                                 |                              |
| <input type="checkbox"/> Caucasian         |                                 |                              |
| <input type="checkbox"/> Not Known         |                                 |                              |

IF YOU WISH, YOU MAY ATTACH A RESUME.

Fill in and return form to the OFFICE OF THE MAYOR.

I HEREBY CERTIFY THAT THE STATEMENTS AND ANSWERS PROVIDED ARE TRUE AND ACCURATE. I UNDERSTAND THAT ANY FALSE STATEMENTS MAY BE CAUSE FOR REMOVAL FROM A BOARD OR COMMITTEE IF APPOINTED AND THAT CERTIFICATION AND TRAINING IS REQUIRED FOR SERVICE ON A CITY COMMITTEE

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_