

CITIZEN ADVISORY BOARD/COMMITTEE APPLICATION

PLEASE RETURN TO: City of Archer 16870 SW 134th Ave. Archer, FL 32618	<i>It is the citizen's responsibility to keep the information on this form current. Please call or write the city clerk to advise of any changes.</i> <i>Applications will remain in active file for 90 days.</i>	City of Archer 352-495-2880
Name:		Date:
Work Phone:	Home Phone:	E-mail:
Occupation:		
Employer:		
Work Address:		
Home Address:		
Identify the Advisory Board/Committee on which you wish to serve:		
1st choice:		
2nd choice:		
Florida law requires that members of certain boards/committees file a financial disclosure form. Are you willing to serve on such a board?		
YES _____		
NO _____		
Identify any potential conflicts of interest that might occur were you to be appointed:		
Are you a City resident? YES _____ NO _____		
Are you a City utility customer? YES _____ NO _____		
Are you a City property owner? YES _____ NO _____		
Can you serve a full term of three years? YES _____ NO _____		
Can you regularly attend meetings (once per month)? YES _____ NO _____		
Conflicts:		
Education:		
_____	_____	
College/University attended	Degree received, if applicable	

Please provide biographical information about yourself (attach a resume, if available). Identify previous experience on other boards/committees' charitable/community activities; and skills or services you could contribute to this board/committee:

References (at least one):

Name:

Phone:

Address:

Name:

Phone:

Address:

Name:

Phone:

Address:

All statements and information provided in this application are true to the best of my knowledge.

Signature: _____