

## CITIZEN ADVISORY BOARD/COMMITTEE APPLICATION

<b>PLEASE RETURN TO:</b> <b>City of Archer</b> <b>16870 SW 134<sup>th</sup> Ave.</b> <b>Archer, FL 32618</b>	<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>	<b>City of Archer</b> <b>352-495-2880</b>
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: <b>1<sup>st</sup> choice:</b> _____  <b>2<sup>nd</sup> choice:</b> _____		
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: _____		
<b>Education:</b>  _____  _____		
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:** \_\_\_\_\_