



OFFICE USE ONLY:
(DATE RECEIVED AND INITIALS)

APPLICATION FOR APPOINTMENT/REAPPOINTMENT TO BOARDS/COMMITTEES

Please use this form to apply for appointment/reappointment to a town board or committee. Completed applications must be signed and submitted to the Town Clerk's Office, 230 N. Tubb Street/P.O.Box 98, Oakland, FL 34760 or emailed to kheard@oaklandfl.gov. Applications are valid for one (1) year from the date of submission and will be submitted for consideration as board vacancies occur. Please direct any questions to the Town Clerk, 407-656-1117, x2110.

All submitted applications are public records under Chapter 119, Florida Statutes, and are open to inspection by all persons.

Name (please print) _____ E-mail Address _____

Home Address _____

Mailing Address (if different) _____

Phone _____

Place of Work _____ Position _____

Business Address _____

US Citizen? Yes No Registered Voter? Yes No

Do you presently serve on any boards/committees? Yes No

If yes, please describe _____

BOARD(S)/COMMITTEE OF INTEREST

Please indicate the board(s)/committee for which you seek appointment/reappointment by the Town Commission. Thank you for your interest in serving on one of Town's Boards/Committees.

PLEASE CHECK ALL THAT APPLY – SEE WEBSITE FOR DESCRIPTIONS

Appearance Review Board (ARB)

Planning & Zoning Board*

Is this for Reappointment? Yes No

PLEASE NOTE:

- All volunteers must adhere to Florida State Statutes as applicable to conflicts of interest.
- (*) Members serving on these boards are required to file an annual financial disclosure upon appointment by Town Commission and then annually.

Please list any education, experience, and/or skill or civic involvement that would be relevant to serving on a board.

Is a Resume Attached? Yes No

Education: _____

Experience: _____

Special Knowledge or Skills: _____

Community/Civic Organizations & Involvement: _____

Hobbies or Special Interests: _____

ACKNOWLEDGMENT (Check Below):

I understand that in accordance with the Florida Public Records Law, this information will be available for public review, and I waive any objections to such publication.

If appointed, I agree to faithfully and fully perform the duties of the Board/Committee, make every endeavor to serve my full term, and will comply with all laws or Ordinances of the Town, County, and State of Florida.

I understand, if appointed, an updated application must be submitted to seek appointment to another board/committee.

I understand that financial disclosure forms must be submitted after appointment to a quasi-judicial board and annually by July 1st.

STATE REPORTING REQUIREMENTS

Section 760.80, F.S., requires the Town submit a report annually to the Secretary of State disclosing race, gender, and physical disabilities of board and committee members. Please check the appropriate boxes below:

Race: African-American Asian-American Hispanic-American Native American Caucasian

Gender: Male Female

Disability: Physically Disabled

By my signature below, I attest that the information provided herein is true and correct.

Signature _____ Date _____