



## Advisory Board General Application

Please fill in all areas completely. Please type or print clearly

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Home Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Board Name applying for: \_\_\_\_\_ Current member seeking re-appointment? YES  NO

Position applied for: \_\_\_\_\_ (If specific seat requirement)

City Resident: YES  NO  City Voting District: 1  2  3

Are you currently serving on a city board? YES  NO  Board Name: \_\_\_\_\_

Do you own property within the city? YES  NO  Address: \_\_\_\_\_

Have you ever been convicted or pled *no contest* to a felony or misdemeanor offense? YES  NO

If yes, explain: \_\_\_\_\_

### Education & Experience

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**Civic Organizations & Involvement**

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**Additional Information**

Why do you desire to serve on the above board (Please list special qualifications):

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**Signature**

*I understand that if appointed, I will serve on the above board without compensation and at the pleasure of the City Commission.*

*I hereby acknowledge that if appointed I will be assigned a city provided e-mail account. I understand and accept that, in accordance with City policy as stated in **Resolution No. 10R-2187**, all e-mail correspondence related to the business of the Advisory Board to which I am appointed must be conducted on a city issued e-mail account.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please note:

Membership on the following boards require that an Annual Financial Disclosure Form be filed on or before July 1<sup>st</sup> of each year with the Supervisor of Elections in the county of residence: Board of Adjustment, Building Board of Rules & Appeals, Planning Board/Local Planning Agency, General Employees Pension Board of Trustees, Firefighters Pension Board of Trustees, and Police Officers Pension Board of Trustees.

Applicants for board appointments are reminded of the provisions of the Florida Statutes applicable to conflicts of interest. All board applications are retained for one (1) year after the date of application. A new application will be required at that time for applications to remain active. It is the applicant's responsibility to assure applications remain active. Attendance is important and board members are automatically removed from the Board should their absences exceed 25% of all scheduled meetings, including workshops, in a given year unless the Board, by majority vote plus one (1) waives an absence.

Please direct any questions relative to Financial Disclosure and Conflict of Interest to the City Auditor and Clerk, telephone number (941) 954-4160.

Send completed applications to:

The Office of the City Auditor and Clerk  
City of Sarasota  
PO Box 1058  
Sarasota, FL 34230