



VOLUNTEER ADVISORY BOARD / COMMITTEE APPLICATION

Thank you for your interest in serving the City of DeBary. Your completion of this application is necessary so that the members of the City Council can thoroughly review each application as part of their consideration for your appointment. Please check the Board(s) or Committee(s) on which you are interested in serving.

- Historic Preservation Advisory Board
- Citizens Advisory Committee to the TPO
- Bicycle and Pedestrian Advisory Committee to the TPO
- River of Lakes Heritage Corridor Scenic Highway Board
- Orlandia Heights Neighborhood Improvement District
- Charter Review

PERSONAL

Name: _____

Mailing Address: _____ City: _____ State _____ Zip: _____

Residence (if different from mailing): _____

Home Phone: (____) _____ Business Phone: (____) _____

Email Address: _____

Are you a registered voter in DeBary? Yes _____ No _____ Length

of residency in DeBary _____ years

Are you currently serving on any other City advisory boards? _____ Yes _____ No

Have you ever served on a City advisory board? _____ Yes _____ No

If yes, when and which board? _____



APPLICANT NAME: _____

REFERENCES – May be business and/or personal

Name: _____

Address: _____ Phone: _____

Name: _____

Address: _____ Phone: _____

Name: _____

Address: _____ Phone: _____

EDUCATION

High School: _____ Graduation Date: _____

College: _____ Degree: _____ Graduation Date: _____

Postgraduate: _____ Degree: _____ Graduation Date: _____

WORK HISTORY

Present Employer: _____ Phone: _____

Address: _____ Employment Date: ____

Job Title/Duties: _____

Previous Employer: _____ Phone: _____

Address: _____ Employment Date: ____

Job Title/Duties: _____

Previous Employer: _____ Phone: _____

Address: _____ Employment Date: ____

Job Title/Duties: _____

APPLICANT NAME: _____

LIST ACTIVITIES / COMMUNITY INVOLVEMENT

EXPLAIN WHY DO YOU WANT TO SERVE ON THIS / THESE BOARDS

WHAT WOULD YOU WANT TO ACCOMPLISH DURING YOUR TERM?

I understand the responsibilities associated with being a board member, and I have adequate time to serve if appointed.

Signature

Date

RETURN COMPLETED APPLICATION TO:

City Clerk
City of DeBary
16 Colomba Road
DeBary, Florida 32713
Phone (386) 668-2040
Fax (386) 668-4122