



CITY OF POMPANO BEACH ADVISORY BOARD / COMMITTEE APPLICATION

City Clerk's Office Phone: 954-786-4611 Fax: 954-786-4095
P. O. Drawer 1300, Pompano Beach, FL 33061
www.mypompanobeach.org

Mr. ___ Mrs. ___ Ms. ___ Miss ___ Name: _____
(Optional)

Residence Information:

Home Address: _____
City/State/Zip: _____
Home Phone: _____ Cell Phone: _____
Email: _____ Fax: _____

Business Information:

Employer/Business Name: _____
Current Position / Occupation: _____
Business Address: _____
City/State/Zip: _____
Business Phone: _____ Fax: _____ Email: _____

Are you a U.S. Citizen? Yes ___ No ___

Are you a resident of Pompano Beach? Yes ___ No ___ Reside in District: 1 ___ 2 ___ 3 ___ 4 ___ 5 ___

Do you own real property in Pompano Beach? Yes ___ No ___

Are you a registered voter? Yes ___ No ___

Have you ever been convicted of a felony? Yes ___ No ___

Current or prior service on governmental boards and/or committees: _____

Please check the first box next to the Advisory Boards/Committees you would like to serve on:

<input type="checkbox"/>	Affordable Housing	<input type="checkbox"/>	Education	<input type="checkbox"/>	Parks and Recreation
<input type="checkbox"/>	Air Park	<input type="checkbox"/>		<input type="checkbox"/>	*Planning & Zoning/Local Planning Agency
<input type="checkbox"/>	Architectural Appearance	<input type="checkbox"/>	Emergency Medical Services	<input type="checkbox"/>	*Police & Firefighter's Retirement System
<input type="checkbox"/>	Charter Amendment	<input type="checkbox"/>	*Employee's Board of Appeals	<input type="checkbox"/>	Pompano Beach Economic Development Council
<input type="checkbox"/>	Community Appearance	<input type="checkbox"/>	Employee's Health Insurance	<input type="checkbox"/>	Public Art Committee
<input type="checkbox"/>	*Community Development	<input type="checkbox"/>	*General Employee's Retirement System	<input type="checkbox"/>	Recycling & Solid Waste
<input type="checkbox"/>	CRA East	<input type="checkbox"/>	Golf Advisory Board	<input type="checkbox"/>	Sand & Spurs Riding Stables
<input type="checkbox"/>	CRA West	<input type="checkbox"/>	Historic Preservation	<input type="checkbox"/>	Marine
<input type="checkbox"/>	Cultural Arts	<input type="checkbox"/>	*Housing Authority of Pompano Beach	<input type="checkbox"/>	*Unsafe Structures
<input type="checkbox"/>		<input type="checkbox"/>	Nuisance Abatement Board	<input type="checkbox"/>	*Zoning Board of Appeals
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Local Complete Count (Census)

***Financial Disclosure Form is required, if appointed to serve, upon appointment and upon resignation/retirement.**

In addition a Resume may be attached

Education: _____

Experience: _____

Past Positions: _____

Hobbies: _____

Making any false statements herein may be cause for revocation by the City Commission of any appointment to a Board/Committee.

Signature: _____

Date: _____

Initials of Clerk or Deputy: _____

Date received or confirmed: _____

Please check one: New Application Currently Serving on Board Updated Information

Note: Application is effective for one year from date of completion. If you have any questions on the above, please call the City Clerk's Office at: 954-786-4611, or send via fax to: 954-786-4095.