

## ST. AUGUSTINE BEACH CITY COMMISSION BOARD AND COMMITTEE APPLICATION

## FOR APPOINTMENTS TO COMMITTEES NOT INVOLVED IN LAND USE

Date received by City
Thank you for your expressed interest in being considered for appointment to committees, boards, commissions or advisory groups appointed by the City Commission. The Commission appreciates your willingness to serve your fellow citizens in a volunteer capacity. Please complete this application to the best of your ability. (You may attach a resume and/or additional data. Please reference attachments in the appropriate section(s).)
Name:
Address:
Phone #: E-Mail Address:
How long have you been a legal resident of the City of St. Augustine Beach
I am a full-time part-time resident
I am am not a registered voter in St. Johns County.
List all active professional licenses and certifications:
Educational background:
Past work experience:
Please list any civic clubs, professional organizations or public interest groups of which you are a member or in which you have been active: (attach additional sheet, if necessary)  1. 2.
1 2

	nterest:	s, committees of councils in which you have
1.	Beautification Advisory Committee	
2.	Other	
I an	available for meetings	
a.	During the day only	
b.	Evening only	
C.	Anytime	
1 2	three (3) personal or professional refere	
You pos	may use this space for a brief biographi	

NOTE: All information provided will become a matter of public record and will be open to the public. If you require special accommodations because of a disability to participate in the application/selection process, you must notify the City Commission in advance. This application will be kept on file for one (1) year, at which time you must notify the City Commission of your intent to remain an active applicant and update your application accordingly or it will be removed from the active file.

I hereby authorize the City of St. Augustine Beach or its representatives to verify all information provided and I further authorize the release of any information by those in possession of such information which may be requested by the City. I certify that all information provided herein is true and accurate to the best of my knowledge. I understand that a volunteer position provides for no compensation except that as may

be provided by Florida Statutes or other enabling legislation.		
Signature	 Date	
Please return completed application to:		
The City of St. Augustine Beach 2200 A1A South St. Augustine Beach, FL 32080		

Phone: (904) 471-2122 Fax: (904) 471-4108

Thank you for your interest!