


CITIZEN ADVISORY BOARD/COMMITTEE APPLICATION

Please return to: Office of the City Treasurer-Clerk City of Tallahassee 300 South Adams Street, Box A-31 Tallahassee, Florida 32301 AdvisoryBoards@talgov.com or FAX 891-8549	<i>It is the citizen's responsibility to keep the information on this form current. Please call or write the city clerk to advise of any changes.</i> <i>Applications will remain in active files for two years.</i>	 Treasurer-Clerk's Office Telephone: 891-8131
Name:		Date:
Work Phone:	Home Phone:	Email:
Occupation:		
Employer:		
<i>Please check box for preferred mailing address.</i> <input type="checkbox"/> Work Address: City/State/Zip:		
<input type="checkbox"/> Home Address: City/State/Zip:		
<i>The City of Tallahassee strives to ensure that all City Boards/Committees are representative of the community's demographic makeup. To assist in this endeavor, please check the appropriate Race and Gender box. Please also note if you are physically challenged. <input type="checkbox"/> Yes <input type="checkbox"/> No</i>		
Race: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black <input type="checkbox"/> Other <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> White	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	
Identify the Advisory Board/Committee on which you wish to serve: 1 st Choice: 2 nd Choice:		
Florida law requires that members of certain boards/committees file a financial disclosure form. Are you willing to serve on such a board? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Identify any potential conflicts of interest that might occur were you to be appointed:		
Are you a City resident? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you a City utility customer? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you a City property owner? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a Leon County resident? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you a Leon County property owner? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Can you serve a full three-year term? <input type="checkbox"/> Yes <input type="checkbox"/> No	Can you regularly attend meetings? <input type="checkbox"/> Yes <input type="checkbox"/> No Conflicts:	
Education:		
_____ (College/University attended)	_____ (Degree received, if applicable)	
_____ (Graduate School Attended)	_____ (Degree received, if applicable)	

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Please provide biographical information about yourself (attach a resume, if available). Identify previous experience on other boards/committees; charitable/community activities; and skills or services you could contribute to this board/committee:

References (at least one):

Name:

Phone:

Address:

Name:

Phone:

Address:

Name:

Phone:

Address:

All statements and information provided in this application are true to the best of my knowledge.

Signature: _____

(Typed name is acceptable if returning this application by email.)