



**CITY OF POMPANO BEACH, FL  
ADVISORY BOARD/COMMITTEE APPLICATION**

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**City Clerk's Office  
Post Office Drawer 1300  
Pompano Beach, Florida 33061**

**Fax No.: (954) 786-4095**

**Phone No.: (954) 786-4611**

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**IN ORDER TO ASSIST THE CITY COMMISSION IN MAKING MUNICIPAL BOARD AND COMMITTEE APPOINTMENTS, THE FOLLOWING INFORMATION IS REQUESTED:**

**NAME OF BOARD/COMMITTEE:** \_\_\_\_\_

**NAME OF APPLICANT:** \_\_\_\_\_

**RESIDENCY ADDRESS:** \_\_\_\_\_

**ZIP CODE:** \_\_\_\_\_ **HOME PHONE NO.:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**CITY/STATE/ZIP CODE:** \_\_\_\_\_

**ARE YOU A CITY RESIDENT? YES:** \_\_\_\_\_ **NO:** \_\_\_\_\_

**IF YES, PLEASE INDICATE DISTRICT YOU RESIDE IN: 1:**\_\_ **2:**\_\_ **3:**\_\_ **4:**\_\_ **5:**\_\_

**DO YOU OWN REAL PROPERTY IN POMPANO BEACH? YES:**\_\_\_\_\_ **NO:**\_\_\_\_\_

**ARE YOU A REGISTERED VOTER? YES:**\_\_\_\_\_ **NO:**\_\_\_\_\_

**HAVE YOU BEEN CONVICTED OF A FELONY IN FLORIDA, OR ANY OTHER STATE, WITHOUT YOUR CIVIL RIGHTS HAVING BEEN RESTORED. YES:**\_\_\_\_\_ **NO:**\_\_\_\_\_

**BUSINESS OR OCCUPATION:** \_\_\_\_\_

**BUSINESS ADDRESS:** \_\_\_\_\_

**CITY/STATE:** \_\_\_\_\_

ZIP CODE: \_\_\_\_\_ BUSINESS PHONE NO. \_\_\_\_\_

ARE YOU PRESENTLY SERVING ON ANY OTHER CITY BOARD OR COMMITTEE? \_\_\_\_\_

IF YES, PLEASE LIST NAME: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

WOULD YOU CONSIDER SERVING ON ANY OTHER CITY BOARD OR COMMITTEE? \_\_\_\_\_

IF YES, PLEASE LIST NAME:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HAVE YOU EVER SERVED ON A CITY OF POMPANO BEACH BOARD/COMMITTEE? \_\_\_\_\_

IF YES, PLEASE STATE NAME OF BOARD OR COMMITTEE: \_\_\_\_\_

\_\_\_\_\_

PLEASE LIST THE FOLLOWING BACKGROUND INFORMATION WHICH WOULD QUALIFY YOU TO SERVE ON THIS BOARD OR COMMITTEE:

EDUCATION: \_\_\_\_\_

\_\_\_\_\_

EXPERIENCE: \_\_\_\_\_

\_\_\_\_\_

CURRENT POSITION: \_\_\_\_\_

\_\_\_\_\_

PAST POSITIONS: \_\_\_\_\_

\_\_\_\_\_

HOBBIES: \_\_\_\_\_

\_\_\_\_\_

*MAKING ANY FALSE STATEMENTS HEREIN MAY BE CAUSE FOR REMOVAL BY THE CITY COMMISSION:*

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE OF APPLICATION

\_\_\_\_\_  
INITIALS OF CLERK OR DEPUTY

\_\_\_\_\_  
DATE RECEIVED OR CONFIRMED

\*\*\*\*\*

NOTE: IF YOU DO NOT WISH TO SERVE ON THIS BOARD OR COMMITTEE, PLEASE EITHER CHECK HERE \_\_\_\_\_ AND RETURN TO CITY CLERK, OR NOTIFY THE CITY CLERK'S OFFICE IN WRITING OF YOUR DESIRE NOT TO SERVE.

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**THIS SECTION MUST BE COMPLETED BY THE ADVISORY BOARD SECRETARY  
ONLY**

*NUMBER OF MEETINGS HELD:\_\_\_\_\_ NUMBER OF MEETINGS  
ATTENDED:\_\_\_\_\_*