

APPLICATION TO APPLY FOR A SURFSIDE BOARD OR COMMITTEE

Name:			
Address:			
City:		Zip Code:	
Phone: Home	Cell	Work	
Surfside Resident Since:			
Occupation or Business A	ffiliation:		
Email:			
Are you a current resider	nt and registered voter in the	Town of Surfside? Yes	No
Please advise applying for:	e, in order of preference, which	ch Boards/Committees you	are interested in
Planning and Zoni	ng / Design Review Board		
Personnel Appeals	Board		
Parks and Recreati	on Committee		
Tourist Board			
Downtown Vision	Advisory Committee		
Pension Board			
Police Trust Fund			
Rudget Committe	ρ		

According to Section 2-231(d) of the Town Code, no current advisory personnel, autonomous personnel, officer or quasi-judicial personnel shall either directly or through an associate, appear, represent or act on behalf of a third party before the town commission, town board or committee, or any town department with respect to any action sought by the third person. Nor shall such person either directly or through an associate be engaged as a lobbyist for and on behalf of a third person with respect to any official action by any town official or town personnel sought by such third person.

Tell us about yourself.

(Please feel free to attach an additional page with your responses if needed.)

Education and/or Profession:			
(PLEASE SUBMIT A COPY OF YOUR RESUN	IE ALONG WITH THIS APPLICATION)		
Current Organization Memberships:			
Surfside Boards/Committees on which you have serve	ed and dates that you served:		
Specific Interests:			
What personal qualifications can you bring to this board or committee?			
Why do you wish to serve on this board/committee?			
Applicant's Signature	Date		

Note: This application is information of public record in accordance with Florida Sunshine Law. Appointment to any of the boards and committees is a voluntary service. Public service opportunities offered by the Town of Surfside do not discriminate on the basis of race, color, national origin, sex, religion, age, political affiliation, marital status, sexual orientation and disabled status.

PLEASE FILL OUT AND RETURN THIS APPLICATION ALONG WITH A COPY OF YOUR RESUME TO THE OFFICE OF TOWN CLERK FOR PROCESSING AT Smccready@townofsurfsidefl.gov.
TOWN OF SURFSIDE, 9293 HARDING AVENUE, SURFSIDE, FLORIDA 33154 305-861-4863 EXT. 226